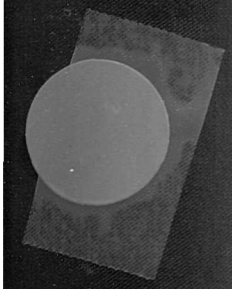

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IT is in vain that we have cudgelled our brains for something new and original to say on this, the first page of the 19th Volume of the GAZETTE. Alas! the *bon mot* rarely arrives at the psychological moment, and once more it has failed us in our hour of need. No doubt many remarks, strikingly *à propos*, will be made in these columns during the coming year, but, for ourselves, we shall ever sigh over the retrospect of this commonplace beginning Perhaps, however, it may be urged, lest humilia tion "consume us quite," that the beginnings of all truly great enterprises are always ordinary, at times even obscure. There is solid comfort in this observation, and we choose to consider it applicable in every way to our own case. With this introspective and qualifying preamble let us proceed, not only unashamed but even glorying in our own concessions to the customary,—to paying our readers the Compliments of the Season. To every Guy's man and woman, using the good old generic term in the widest possible sense, we wish a very happy and prosperous New Year. So mote it be!

WE are speaking the sober truth, and in no way varnishing the facts, when we say that the Hospital Christmas Week was a more than ordinarily successful one. To begin with—those Niggers! Who would have thought their tour would have been the triumphal progress that it certainly was? Up to the last moment of the final rehearsal there was hardly a competent critic that did not predict a somewhat dreary exhibition which would compare most unfavourably with previous records; whereas the very reverse happened. To begin with, the costumes were exceedingly original and amusing; that in itself is a very great step and no doubt was partly responsible for the success of the whole; for it is a notorious fact that when once a man is properly disguised he will cut capers with the best, and this though he be the soberest of pedestrians in his workaday mood. Yes! the costumes were good, the songs were good, the fun was first-class, and the patients and onlookers in general were delighted. From first to last the Niggers went "like smoke," and those who drilled and trained the troupe are to be very heartily thanked and congratulated on the success of their efforts.

INDEED, we are led to believe that the ominous croaking of the critics was merely another instance of humanity's ineradicable bias towards extolling the past to the detriment of the present. "My sons," says the world-weary chronic, over

whose head many Guy's Christmases have rolled—"My sons! the Disguysed Minstrels,&c." —or "the Niggers of such and such a year," or "when So-and-So ran the Niggers,"—and so-on and so forth! Then, it would seem, perfection was attained and the zenith reached, while since then nigger-minstrelsy has been on the decline, and with an ever increasing momentum has been journeying to the nadir of the ineffective. Out upon these lying prophets! We have this Christmas proved that we are as good as we ever were, thanks to the new blood that found its way into the Niggers, either by luck or sound judgment. Indeed, the appearance of new talent of all kinds is one of the most refreshing signs of the times, and we would beg of all those stars who this year and for the first time have delighted Guy's audiences, that they studiously turn deaf ears to those whose enthusiasm is only for past glories, for they have shown that history has not lost her power of self-repetition.

THE Ward Concerts also were as pleasing as they ever have been. This was due in no small measure to the comparative absence of inordinate ambition. There have been years when stupendous efforts have been made to run one first-class Star Concert, when nothing but the *crème de la crème* of the musical and theatrical world would please the ambitious organisers. When these efforts met with success the Star Concert was of course the best one in that particular Christmas week, but the other concerts suffered in consequence, and we very much question whether the general effect was not spoilt by the one excellent excrescence. But in the large majority of cases disappointment was the reward of these high flyers,—for the artistic temperament is proverbially one of extremes, its possessor promises in a delightfully gracious manner, and fails to perform, in nine cases out of ten, without a blush. This year there was no Star Concert, and as a result none suffered by contrast.

OF the decorations, we hardly dare to speak in detail, lest we be guilty of the sin of omission. Dainty and artistic devices were to be seen on every hand, and in some of the surgical wards, which lend themselves far more to decoration than do those on the medical side, the various firms had, we thought, been more than usually successful. Whose was the master mind that first originated this year's all-pervading combination of pink and green? Perhaps in the decoration of the Hospital more competition would not be out of place. Indeed, we have been asked why there is no committee-of-taste, with a prize for the most successful sister; we repeat the suggestion for what it is worth; it would at least give an added zest to the labours of the various decorators in the week preceding Christmas, and the results would, no doubt, be striking. Pending the arrival of our aforesaid committee-of-taste (Heavens! what a name!) it is perhaps a mistake to single out any one feature in particular for special mention. However that may be, and though we bring a hornets' nest about our ears, we maintain that the passage leading to the medical out-patients room (the physicians' room that is to say), with the window that faces one on entering the same, was the prettiest bit of decoration that we have ever seen at Guy's. We believe an old Guy's man was very largely responsible (for the window at any rate), and we have abundant proof that his decorative efforts were an entirely disinterested labour of love. He had spent so many Christmases at Guy's, he said, that now he simply could'nt keep away from the place at this time of the year!

As for the Residents' Theatricals in the Court Room, an abler pen has discussed them at some length in another column, and very little remains to be said here. If the audience enjoyed themselves as much as the performers, then indeed the success was phenomenal. Mr. H. M. Woodward, without the aid of whose experience the theatricals could not have taken place, was a host in himself, and the heartiest thanks of all are due to him, whilst the more prosaic duties of the property manager were performed in that thorough manner which is one of Mr. Parker's characteristics. To those who acted as stewards on the eventful two nights, and whose duties consisted of making

the Court Room hold, decently, fifty to a hundred more that it was ever intended to do, the greatest praise is also to be given.

WITH regard to "The Younger Brother," a critique of which appears in another column, we think that the author distinctly scored over his audience in one respect. We believe he has on several occasions suffered somewhat at the hands of crude English detractors, who would have him remember his nationality and studiously endeavour to portray what these gentlemen choose to consider a Scotchman's distinguishing qualities. For instance, every Englishman knows that a certain imperviousness in the presence of wit and humour is the birthright of the Scot. In view of this it seemed somewhat paradoxical that one really witty, though somewhat lengthy epigram, which would have done credit to Oscar Wilde, should be received in solemn silence by an English audience. Was it that the Sassenach could not believe that for once he was "hoist with his own petard."

THE thanks of both audience and performers alike, is due in no small measure to the orchestra. On the first night, Miss Redoubt bore the brunt of the work with a very small following, but on the second night she was able to bring with her a considerable number of artistes, whose performance was of the very highest quality, in spite of the difficulties against which they had to contend. With the Court Room crowded, and with the damping effect of the heavy proscenium, it is no easy matter for an orchestra even to justify its existence; but for it to be able to give a series of selections, such as those to which we listened, reflects the greatest credit on all concerned. Miss Beatrice Overton's task was even harder. We have heard many people sing in the same room under similar circumstances, but never with such ease and charm; in fact her rendering of Carmen's song "L'Amour," left everybody wishing the interval could be prolonged for an encore. Those who were fortunate enough to be at the Naaman concert on the following day, heard Miss Overton to still greater advantage. We take this opportunity of thanking our friends from Sutton, each and all, for the help they so kindly gave, and hoping that they will pay us another visit and give us yet another taste of their quality.

A VERY pleasant feature of this Christmas was the Nurses' Theatricals, invitations to which were so kindly sent to the Residents and many others. This was a most welcome surprise to all concerned, and we can only hope that the same gracious hospitality will be extended to us on future occasions. The performance was exceedingly entertaining. If the Residents labour under difficulties in the matter of rehearsals, the Nurses are still more heavily handicapped, and it is impossible to praise too highly the pluck and ability which could result in their achieving so unqualified a success.

THE Hospital Engineer is nothing short of a public benefactor. His never-failing ingenuity is more than ever invaluable during the Christmas week. The decorations would be nothing were it not for the electric fittings. We are sure that all will unite in thanking Mr. Barnes once more, for his services during the past few weeks.

HEARTY congratulations to Mr. Ralph Thompson on his appointment to the new post of Resident Surgical Officer. As Surgical Registrar Mr. Thompson earned the gratitude of many a ward clerk and of many a man up for his surgical finals, both for his bedside teaching and for his ungrudging assistance in many other ways. The new post is a difficult one to fill, and calls for a considerable exercise of tact and judgment, but we have no doubt that Mr. Thompson

will rise to the occasion, and, if that were possible, increase his popularity.

WHO was the man who said the Squash Court would be completed by January 1st?

AT the going-off dinner held in the College on December 26th, Messrs. Bell-Walker and Greaves were elected President and Vice-President of the Residents, respectively, in the place of Messrs. Pye-Smith and Box, the going-off Presidents.

WE would call attention to the fact that Medical Clinical Lectures are to be delivered on Thursdays, in future, instead of on Saturdays.

THE subscription list for the Postmen's Christmas Box lies on Mr. Mills' desk in the Library, and the number of entries is ludicrously small. Of course great demands are made on our shallow purses at Christmas time, but surely this should not be overlooked. Who was it said that the "kindly postman brings those letters to the Hospital which we do not wish to go home?" We are sure it is only necessary to mention this for the list to be speedily filled to overflowing.

WE would remind our readers that the subscription of twelve shillings and sixpence to the Clubs' Union for the GAZETTE and REPORTS fell due on the 1st instant. The subscription to the GAZETTE alone, seven shillings and sixpence, is also due, and cheques and postal orders should be made payable to Mr. C. H. Wells, Guy's Hospital, and forwarded as soon as possible. An index and title-page for the volume just completed has been prepared, and may be obtained from the librarian. Subscribers can now have their sets of the GAZETTE bound for one shilling and sixpence a volume by leaving them with the librarian. The binding is in two shades of blue cloth—navy blue or a lighter tint—with the arms of the Hospital in gold.

# Intubation of the Larynx.

CLINICAL LECTURE BY MR. F. J. STEWARD.
November 14th, 1904.

GENTLEMEN,—Intubation of the larynx is one of the operations that are performed for the relief of certain forms of laryngeal obstruction. I will not now enter into the symptoms and the differential diagnosis of the forms of laryngeal obstruction, but will consider the question of operation, after-treatment, and so forth.

First, I would briefly mention the chief indications for intubation. It is done much more in children than in adults, and more particularly for diphtheria. Other conditions, in which it may be useful, are acute laryngitis, which is often associated with measles, and also acute catarrhal laryngitis. Again, there is acute laryngitis, the result of traumatism from scalding.

Next as to the operation itself. I will give you the several points under separate heads. As to the *position of the child*, different surgeons make use of different positions. On the one hand, it is said, that when performing intubation with the child lying in bed, it is much less disturbed, and as it may be already very ill with diphtheria, that may be an advantage. On the other hand, if you perform the operation with the child sitting up, the actual introduction of the tube is easier, and as many of these children are partially sitting up at the time, I do not think the disturbance, due to the position, is of any great importance. Personally I much prefer to do intubation with the child sitting up in the nurse's arms. If the nurse sits in a chair with the child on her knee, and its head resting against her left shoulder, she can control the arms and body very satisfactorily. The legs can be controlled by being wrapped round firmly in a blanket. It is necessary to have one assistant besides the nurse, and he should control the head, and also put the gag in the left side of the mouth, away from the operator.

The next point concerns the *preparation of the tube and the choice of size*. The instruments universally employed are O'Dwyer's intubation tubes, or rather a modification of the original O'Dwyer's tubes. Some of these are of metal and some of vulcanite. I prefer the latter, as they are lighter. The tube, as you see, is bellied in the centre and has a flange at the top. The head of the tube forms a considerable projection beyond the margin of the tube, and it is important to note that the flange points backwards, so that it should point away from you.

The flange is perforated by a hole, through which is placed a piece of silk with a knot at the end.

With regard to *size of tube*, there is a gauge based upon average sizes according to the age of the child, and it is usually best to be guided by this. But if the child is small for its age it is wise to use a smaller tube than the average. If the child, on the other hand, is big and robust for its age you may use a tube a size larger. Having chosen your tube and fixed the piece of silk through it, you put it on the introducer and lubricate it with vaseline. These prongs serve to push the tube off the pilot when it has been introduced into the larynx.

Everything being ready the gag is introduced into the patient's mouth and then the tube is introduced as follows: First carry the left forefinger over the patient's tongue to the back of the larynx; you can easily feel, in rapid succession, tongue, epiglottis, and the arytenoid region. The edge of the left forefinger is kept in position just behind the arytenoid cartilages. With the instrument in your right hand, now pass the point of the tube along the left forefinger until it rests against its tip, when you know it is immediately in front of the arytenoid cartilages, and therefore just above the aperture of the larynx. Now carry the point of the tube downwards. If you do not understand this step in the introduction you will have difficulties. I am sure that the difficulty of intubation is largely dependent upon this one step. The natural movement is to carry it downwards and backwards, it will then pass into the pharynx and not into the larynx at all. In order to carry the point of the tube vertically downwards, you must raise the wrist and at the same time drop the arm. Those two movements are not done separately; the upward movement of the wrist and the downward movement of the whole arm are carried out at the same time. Having done that, the flange of the tube will rest against your left forefinger, then press the button and push the tube off. The pilot has a joint in it as you see, which allows of its easy withdrawal. To ensure the tube being thoroughly in position, you use the left forefinger to press the tube down, and assure yourself that it is well down in the larynx.

Let us now consider the *immediate effects of the intubation*. The effect of introducing a foreign body into the larynx is, as you would expect, to set up violent coughing. The child does cough violently, and brings up a good deal of thick mucus, and perhaps bits of membrane. During the next moment or two you will be busily employed in wiping the mucus out of the mouth with pieces of lint. Then you can take the gag from the mouth and allow the child to settle down. Very soon it will be breathing quietly and comfortably.

Now, as to the *after-management* of the case. First, as regards the tube. The tube is introduced, as I have told you, with a piece of silk through the hole. The usual plan is to maintain the silk in position, bringing it out through the mouth, and fixing it by a small piece of strapping to the face. You must prevent the child getting at the silk and pulling the tube out. The simplest plan is to wrap the arms round with newspaper or cardboard, fixed by a bandage, thus forming a splint, passing from the wrist to the shoulder, so that the elbow cannot be used. The child can then use its hands, without being able to reach the string on its cheek. Another plan is to remove the silk, but I think the silk is so useful that it is much better to leave it in. It has, however, been known to cause trouble, the chief ill-effect that has been described being ulceration of the epiglottis, but that is so rare that I do not think you need consider it.

The next point to consider is the *feeding*. It is sometimes said that it is difficult to get a child to swallow with an intubation tube in the larynx; and moreover that it is dangerous, because the upper opening of the larynx is patent, so that fluids may enter and set up broncho-pneumonia. In the majority of instances, however, the children can be got to take food readily without any trouble. The best plan is to start with a small quantity, and feel your way, commencing with fluids; and if they give rise to trouble you may try thickening the fluid with arrowroot or one of the children's foods. But if the child refuses to swallow, or it is found that it does give rise to difficulty, as it occasionally does, then the only alternative is to feed with the nasal tube. But as a rule it is best to start the child drinking in the usual way, and frequently there is no difficulty whatever. At present there is a child in Lydia ward under my care who has a tube in to dilate up an old laryngeal stenosis. She was intubated a week ago, and there was very little difficulty about swallowing.

The next question which arises is: *When shall the tube be removed?* The exact time for removal varies in different cases; but speaking generally, and more particularly of cases of acute laryngeal diphtheria in children, it is best to remove the tube after thirty-six hours, or forty-eight hours at latest. Usually I leave it in about thirty-six hours. I like to remove the tube in the first

instance in the morning, so that it gives the child the whole day to get used to being without the tube; because the greatest difficulty is always during sleep.

After removing the tube the child must be watched, and the question arises as to whether the tube is to be replaced or not. It will very easily decide itself in the majority of cases. If the child begins to get cyanosed with the tube out, and there is still obvious laryngeal obstruction, you must clean the tube and put it back. If the child seems comfortable after watching it for five or ten minutes, you can leave it in safety, and see it again in an hour or so. If it is quite comfortable then you will probably be able to leave it out altogether. If there is any evidence of obstruction, however, it is better to replace the tube for another twenty-four hours.

The removal of the tube is simple, provided you have the string in position. All that is necessary is to open the child's mouth with the gag, pass your finger along the string and pull gently, and the tube will come out.

But how shall the tube be removed if the string has been bitten through, or if it has been purposely removed? There are two methods; one known as the method of expression, and the other as extraction. The tube reaches down well below the larynx into the trachea; and if you put the child with its head rather low, and place your finger on the front of the trachea, and push gently and sharply upwards and backwards, as a rule the tube will come out into the mouth. This is the expression method, and is the simplest and best plan. But there is an instrument known as an extractor, which is included in all boxes of intubation instruments. I have never had to use it in ordinary cases of intubation, because I have always succeeded in either pulling the tube out by the string, or in expressing it with the finger on the trachea. I object to the instrument in itself, because it is liable to cause damage, and it is difficult to get it into position. By means of the left forefinger this end of the extractor is guided into the upper aperture of the tube, then by pressing on the handle the tube is grasped and removed. I have used the extractor myself in several cases of laryngeal stenosis, but I do not like it; and I am certain that it is liable to cause damage.

The next question is this: *How long is it safe to continue intubation?* Suppose you have a case of diphtheria in which you have satisfactorily intubated the child, and at the end of two days you have removed the tube, but that after a very few minutes you have to put it back, and on the day after, the same process is gone through. How long may this safely be continued? To form an estimate, it is necessary to think of the effects of the tube on the larynx. The first effect of the tube is to cause ulceration of the trachea; a so-called "intubation ulcer" quickly forms on the anterior wall of the trachea, opposite the end of the tube. It is caused by pressure, and is hastened by the movement of the tube up and down. Another effect of the tube is to cause pressure changes in the larynx itself, resulting eventually in ulceration. After removing the tube, you find in some cases that the child seems all right for a few minutes, and then obstruction gradually supervenes, compelling the reintroduction of the tube. It seems as though the mucous membrane, when relieved from the pressure of the tube, becomes rapidly congested from lack of tone in the muscles and muscular walls of the vessels. Another effect of leaving the tube in too long, is the occurrence of actual pressure sores in the larynx, and the ulceration I have mentioned. Then there is surrounding œdema, causing rapid obstruction, which, even if you can dispense with the tube, may result later in cicatricial stenosis. These results are very serious and are very troublesome to treat. They are best avoided by not continuing intubation long enough for serious changes to take place in the larynx; tracheotomy being performed when the tube cannot be dispensed comparatively soon. Of course, opinions as to the limit of time for leaving in the tube vary, but my own view is that it should not be more than five or six days. If the tube cannot then be dispensed with, tracheotomy should be performed.

Next, I will speak of certain *dangers and difficulties* in the management of these cases. First, as you would expect, the tube may be coughed out, perhaps an hour after you have inserted it, and when you are not present. In the accounts given in the text-books a good deal is made of this, whereas it very rarely happens in actual experience. Even when the tube is coughed up, as a rule nothing very serious happens. Consider the state of affairs for a few moments: the tube has been in, say, three or four hours, and is then coughed up. Probably in that time the child has had two or three hours good sleep, and is therefore stronger than when the tube was put in. So I do not see why it should suddenly die, after several hours' sleep, just because the tube has been coughed up. In the few cases I know of where the tube has been coughed out, there has been no bad result. I have not had such a case

here, but at the Children's Hospital, Great Ormond Street, intubation is always performed for laryngeal obstruction; and in a series of thirty-three cases recently collected by a late resident medical officer there, the tube was coughed out twice, and nothing very serious happened either time. The resident surgical officer is a long way from the diphtheria block, in which these children are nursed, and it must take him ten minutes to get there. If the tube is, however, coughed up it should be replaced, and if the child is big, and you have used a small tube, you may put in a larger one; but if the tube is again coughed out, I think the wisest plan is to abandon intubation and perform tracheotomy.

The second thing which may happen, is that the tube may get blocked by a piece of membrane which has become loosened, and that is very serious when it happens, but luckily that is not often. Cases have been recorded in which sudden death has occurred from a piece of loose membrane getting across the trachea and acting as a valve, or blocking the tube. The best thing, in view of such an accident, is to previously instruct the nurse that if the child should get blue, she must remove the tube by pulling on the string, and probably the result will be the coughing up of the membrane, with much subsequent relief. The same accident may of course happen after tracheotomy, so that this accident does not specially apply to intubation.

Thirdly, it occasionally happens that after you have inserted the intubation tube, the child does not breathe satisfactorily; there is some dyspnœa. This may be accounted for in two ways. The membrane may be extensive, and extend down beyond the end of the tube. If that is so, the only course is to perform tracheotomy. If after introducing the tube some air seems to come through it, but the child does not recover and there is still some sucking-in, you should remove the tube and make sure that it contains no loose membrane. If, after that, the same thing again happens, you should at once do tracheotomy. The other cause for continued dyspnœa after intubation is broncho-pneumonia, and that you will recognise by the signs of that condition in the chest.

With regard to the *mortality*. It is important that you should form some estimate of the ultimate degree of success of this method of treating laryngeal obstruction. It was performed years ago, before the introduction of antitoxine, and the results at that time were very unsatisfactory so that the operation was condemned as altogether unsuitable. But since the introduction of diphtheria antitoxin intubation has been better and better understood and more widely used, and most of those who use it are perfectly satisfied with the results.

I have not been able to make any large collection of figures which will give you a definite idea of mortality, and even if I had, there are always difficulties in connection with statistics.

The following group of thirty-three *consecutive* cases treated by intubation at Great Ormond Street will, however, give you some idea of the results. Of the thirty-three cases, nine died, or 27 per cent. That may seem rather high, but I do not think it is so high as in the cases in which tracheotomy is performed. But more important than the figures is the consideration of the cause of death in the fatal cases. It was as follows:—

Case 1. Pneumonia.
2. Pneumonia and whooping cough (the child had diphtheria following an attack of whooping cough, and later developed pneumonia).
3. Severity of the diphtheria (the child died of cardiac dilatation).
4. Hydrocephalic child died of pneumonia.
5. Syncope during operation of intubation.
6. Pneumonia.
7. Whooping cough and general tuberculosis.
8. Pneumonia.
9. Pneumonia.

Out of those nine cases then, eight were quite satisfactory as regards intubation, death being due to complications, and in only one was death directly connected with the intubation. This was a child who was extremely bad, and the intubation was done with some difficulty, and I think it occupied more time than usual owing to the amount of swelling of the larynx. By that time the child had stopped breathing and had become pale, and it never recovered. I do not think it would have been able to stand tracheotomy, it was practically dying when it was brought to the Hospital. The cases of intubation which I have had here are comparatively few; in fact there are only seven of them, and they all recovered. In two of them, tracheotomy was performed subsequently. In the first, tracheotomy was done on the sixth day, because the tube could not be dispensed with. In the second there was still obstruction after a week, and tracheotomy was accordingly performed. I performed intubation on one other

case for one of my colleagues, but I did not have the after-treatment of it, and for some reason tracheotomy had to be done. The child eventually died, but I think there is no reason to ascribe the fatality to the intubation. So, although my figures are small, you may at any rate judge from them that intubation is a safe and satisfactory measure.

I will now occupy a few moments in considering the comparative merits of tracheotomy and intubation, because from the examination point of view the points may be useful to you.

First, what are the points in favour of performing intubation rather than tracheotomy? The operation is much easier and simpler. However much experience a man has had, tracheotomy on a small child is always exceedingly difficult; on the other hand, once you have learned the "knack" of introducing the intubation tube you can always perform it without difficulty.

Secondly, from the point of view of the friends, there is something to be said in favour of intubation, namely, that thereby an operation is avoided. On account of the objection to operation, tracheotomy is often put off much longer than it should be, so that the child is moribund and it does not do well after operation. But intubation is not looked upon as an operation, no objection is raised to it, and it can be done earlier.

Then, thirdly, there is the patient's point of view. Supposing a child or adult has an acute form of laryngeal obstruction, and that it is necessary to relieve that by either intubation or tracheotomy. It is not possible to give an anæsthetic, and so the question arises which is the most comfortable thing for the patient? Intubation is not agreeable, of course, but it takes only about five seconds to perform; whereas tracheotomy may last almost any time. I have known a good house-surgeon take forty-five minutes. I must say that is a point which appeals to me very strongly indeed; from the patient's point of view, then, there is absolutely no comparison.

Fourthly, with regard to mortality. I have no doubt that the deaths after intubation are fewer than after tracheotomy—for diphtheria at any rate. Years ago the reverse was true, but since antitoxine has been freely given, there is no doubt that patients do much better after intubation, and the mortality is considerably lower.

Another point in favour of intubation is that broncho-pneumonia is less likely to follow. In the case of tracheotomy, infection is likely to take place through the wound, so that septic broncho-pneumonia is not very uncommon. I believe it to be much rarer after intubation.

What are the chief points against the performance of intubation? It is said that membrane may become dislodged and block the tube. That I have already mentioned. If there is a nurse present—as there practically always is—it is usually possible to prevent a fatal accident from that cause by removing the tube. And in comparing the two methods one must remember that the same thing may happen in both, and if the nurse is not capable of dealing with such an emergency the child may die before assistance is obtained.

Secondly, it is said that the danger of laryngeal stenosis is a serious one, and that therefore intubation should not be performed. I am sure that if care be taken in the first instance not to use a tube which is too big, and if it be realised that the tube is unlikely to cause ulceration if it is not left in too long, we shall not hear so much of these cases of laryngeal stenosis after intubation. If for some reason the child has not recovered sufficiently to do without the tube at the end of the fifth or sixth day, tracheotomy should be performed, and the danger of laryngeal stenosis will then be avoided.

The third point which is often urged against intubation is, that the tube may come out when no one is at hand, and that is said to be a greater danger in private practice. But, again, the same thing applies to tracheotomy. If the tracheotomy tube comes out or gets blocked when no one is at hand the child may die. As a general rule, if the intubation tube is coughed out when no one is at hand, the child is no worse than when the tube was originally put in, so that sudden death is not likely to occur. On the other hand, if the child has to wait a long time before the tube can be reintroduced, it is possible that death from asphyxia may be caused. Still, I think it must be very rarely that such a thing happens. I admit that the figures I have given you are comparatively small, but the Great Ormond Street figures and my own here total forty cases, and in those there were no troubles at all in connection with the coughing out of the tube or blockage by membrane.

## Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Wednesdays, January 11th and 18th, 1.30 p.m., Clinical Surgery, by Mr. Jacobson.

Thursdays, January 12th and 19th, 4 p.m., Clinical Medicine, by Dr. Newton Pitt.

Monday, January 9th, 1.15 p.m., Lecture by Dr. Horrocks.

Monday, January 16th, 1.15 p.m., Lecture by Mr. Higgens.

# Notes from Skin Outers.

## Impetigo.

Any Tuesday afternoon will bring about twenty or more cases of impetigo to the hospital, generally in children and infants.

This disease is caused by the *staphylococcus aureus* and *citreus* (Saboureaud says a *streptococcus*); a vesicle forms, which enlarges to a small bulla, with clear serum above, and turbid below; this quickly gets broken and a heaped up scab is formed (*crusta lacta* was the old name for the yellow scabs); this constitutes the characteristic appearance. The scabs are surrounded with but very little redness, and look as if they were gummed on. The scabs may be yellow, or if dirty, of a brown or black colour. If impetigo gets rubbed, large flat crusts are formed, which condition used to be called *ecthyma*. Another form which has to be recognised is caused by the pus creeping under the superficial layers of the epidermis from the inoculated centre, which has dried up, thus producing a *circinate form of impetigo*; if crusts get very heaped up, so called *cockade impetigo* results.

The Americans describe a specific contagious disease under the name of *impetigo of Duhring*; this is not recognised in England, but possibly it is the same as bullous varicella.

Impetigo is contagious from person to person and also auto-inoculable. The treatment is the application of Ung. Hyd. Ox. Flav.; and if the patient be pale and weakly, as is often the case, give Ext. Malti Ferrati or Ol. Morrhuæ. If the impetigo complicates a case of pediculosis, or is itself complicated with inflamed lymphatic glands, these concomitant conditions also require appropriate treatment.

# Appointments.

## Civil.

GILL, J. MACDONALD, M.D. Lond., has been appointed Honorary Physician to the Royal Alexandra Hospital for Sick Children, Sydney, *vice* Dr. Angel Money, deceased.

## Naval.

Surgeon R. F. CLARK, R.N., is appointed to the *Imphigenia*, and Surgeon R. W. B. HALL, R.N., to the *Vengeance*.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## The Students' Choir Supper.

DEAR SIR,—I should be much obliged if you could find room in your next issue to insert some notice of the Students' Choir Supper, which will take place on Saturday, January 21st, at 6.45 p.m., in the Reading Room of the College.

Would you, please, also state that a charge of 1s. 6d. will be levied at the supper, and also that individual notice will be sent to each member?—I am, sir, yours faithfully,

F. HOLCOMBE FULLER, Hon. Sec.

## Rugby Football.

DEAR SIR,—Permit me through the columns of the GAZETTE to bring before the notice of all Rugby football men at Guy's the necessity for greater keenness, than was displayed during the first part of the season. There are now only about three weeks before our first Cup-tie, and, if we are to regain possession of the cup, every man likely to represent the Hospital in these matches must go into strict training without delay. Last term the Committee arranged to hold a practice in the Gymnasium one night a week, in order that men might have an opportunity of improving their knowledge of the game, and of securing that great factor so essential to success—namely,—combination; but, owing to the great lack of keenness shown by certain men selected, the experiment was not a success.

A further trial is to be made this term, and, as a well-known international player has kindly consented to act as coach, it is to be hoped that men selected will turn out regularly and punctually. A list of the men selected will be posted in the smoking-room, and those who do not intend turning out will please scratch their names off at the earliest opportunity, in order that others more willing may be given their places. As combination and a knowledge of each other's play is quite as essential as individual fitness, the team to represent the hospital in future matches will be selected from those attending the practices regularly. During the past term the lack of keenness in the second and third XV.'s has been especially marked, and it has been quite a common thing for five or six men to scratch late on Friday night, or even on Saturday morning. It has been noticed that the same men are nearly always to blame. The committee have decided to warn these men that anybody scratching in future without a reasonable excuse will not be selected on any future occasion.

P. F. McEVEDY, Captain.

# "The Younger Brother."

Performed in the Court Room, Guy's Hospital, on December 27th and 28th, 1904.

IF there is always a certain amount of interest attached to the production of a new play, this interest is probably doubled when this play is by a new author, and it is even more intensified—at any rate to some of us—when that author is a Guy's man. It was, therefore, with a pleasureable feeling of anticipation on the night of the Residents' Theatricals that most of us waited for the rise of the curtain on "The Younger Brother," the one-act play written especially for this occasion by Mr. H. C. Cameron.

The fearless individual who would embark on the hazardous enterprise of writing for the stage, has generally three objects in view, which he would do well to bear in mind if he would attain success. The first is to make his work dramatic and to adhere to the canons of theatrical art; the second is to satisfy the critics; the third is to please his audience. Of these, the first is the most exacting, the second is the most difficult, and the third is the most important. As regards the last of these, if hearty applause and congratulation go for anything, then Mr. Cameron did certainly please his audience, and therefore on one count at any rate let the play be pronounced an emphatic success.

The story is a slight one, but one that from the nature of it was intended to appeal to the special audience, for whom it was written. Briefly, it is this. Dr. Brooke, a newly-qualified man, has just put up his plate in a certain suburb, and is going through the disheartening process of waiting for patients. Now, as we all know, everything comes to him who waits, and in good time there came to Dr. Brooke's consulting room two ladies—strangers in the district—one of whom had sustained an injury to her ankle ("unilateral," according to the man-servant). Unfortunately. Dr. Brooke had a younger brother, Harry, a medical student, and this younger brother who had been making a night of it, thought fit to sleep off the effects of his debauch on the sofa of his brother's consulting room. It was into this room that the ladies were shown by an error on the servant's part, and they, mistaking Harry for the doctor whom they had called to consult, at once beat a hasty retreat in disgust, and hurried off to the rival medico over the way, who, until the newcomer's arrival, had held a monopoly of the practice in that little suburb. It is at this point that the play commences, and we have not long to wait before Dr. Montague Smith, the established practitioner, pays a call on his rival, and, without trying to disguise the fact that he means to make himself disagreeable, he hints that the ladies are sure to talk, that he cannot prevent them, and that scandal has a habit of spreading. Smith therefore suggests that Brooke should retire from the place and leave him as before in undivided possession of the suburb and its patients. Brooke objects to being bullied, but Smith warns him of the consequences, namely, the unpleasantness that will follow when the truth about Harry leaks out.

At this point Harry enters and recognises Smith as a man whom he had occasion to knock down in a row in an unsavoury neighbourhood off Oxford Street the night before, at which time Smith had been masquerading under an assumed name. He therefore seeks to save the situation by exacting a promise from the little bounder Smith that he will keep his mouth tightly shut concerning what his patients have told him, whilst he in return will do nothing to expose Smith as regards the last night's little incident. Smith is obliged to give that promise in order to save his own reputation and goes out angry but baffled. Harry, on thinking things over, comes to the conclusion that he has been making rather an ass of himself generally, so he makes up his mind to turn over a new leaf, and finally decides to go up for Medicine in January—a very effective curtain.

Mr. Cameron's play is a play without a hero. No appeal to our sympathies, no great virtue and no great passion disturbs the tenor of his rather sordid little story. There is a tinge of vulgarity, artificial or essential, which colours all the characters. Not that this, from the standpoint of drama, constitutes a fault, it is quite as it should be, considering the scale of the conception. There is, at any rate, a modern

touch of realism in the piece, and, if the characters are all of a commonplace type, if they are neither heroic nor loveable, they at all events have the saving grace of being exceedingly real and intensely human.

But the play has no definite ending; it left us with a vague feeling of discomfort. It is true that Harry has turned over a new leaf and decided to go in for Medicine, and of course he will pass; it is so easy to pass exams. in books and plays. But what is going to be the finish of it all? We have two medical men—who, of course, are not Guy's men, as Guy's men never quarrel—and these two medical men are to practise in a suburb, a "gossipy little place," and they begin their acquaintance by calling each other rude names. Each has "a weapon" in the form of a secret which he holds over the other's head, and which they promise not to divulge, and each is trying to get the better of his rival. Here is something more than an Impossible Situation! We have an exceedingly dreary and hopeless Outlook.

Be this as it may, the play is undoubtedly very cleverly written, the technique is faultless, the construction admirable, and the characterisation good. The dialogue is not only at times pointed and witty, but, what is of far greater importance, it has the first, last, and only necessary quality of good dialogue, in that it is exactly illustrative of the characters in the exact positions in which they are placed.

The author was very fortunate in the choice of his actors, and, when we allow for the difficulties attendant on an amateur representation of this kind, it would be impossible to praise the acting too highly. In each case the characterisation was so good as to suggest the idea that every part had been specially written for the actor who played it, and it is therefore more creditable to the abilities of the actors to believe that it is on their side that the adaptation is achieved.

Mr. W. Reeve, as the newly-fledged medico, over-worried by a weary wait for patients, was in every way successful, and he thoroughly looked his part. Certainly nothing could have been better than the Harry of Mr. H. M. Woodward or the Montague Smith of Mr. R. Edridge, they were both admirable throughout, whilst Mr. F. H. Parker gave an artistic touch to the minor rôle of the manservant Watson—perhaps the best drawn character in the play.

The piece was received with every sign of enthusiasm, and the author was called for on both nights. N. H. O.

## Pass List.

### University of Cambridge, Michaelmas Term, 1904.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES.

SECOND EXAMINATION.

H. J. B. Cane. C. E. M. Jones.

MASTER OF SURGERY (M.C.).

A. R. Brailey.

BACHELOR OF MEDICINE.

THIRD EXAMINATION (PART II.).

H. M. Clarke, E. C. Hughes, F. W. Morton Palmer, O. V. Payne, E. W. Sheaf, C. M. Stevenson, F. L. Woods.

### University of Oxford, December, 1904.

SECOND M.B. EXAMINATION.

PATHOLOGY.—R. A. Chisholm, L. J. J. Orpen.

FINAL EXAMINATION.

MEDICINE, SURGERY AND MIDWIFERY.—R. A. Chisholm.

### University of London, December, 1904.

M.D. EXAMINATION.

BRANCH I.

MEDICINE.—A. Armer, G. E. Malcomson, G. T. Wrench.

BRANCH III.

MENTAL DISEASES AND PSYCHOLOGY.—M. Abdy Collins.

BRANCH IV.

MIDWIFERY AND DISEASES OF WOMEN.—T. Holmes.

## Papers by Guy's Men.

A Case of Accidental Vaccination Inoculation simulating Cutaneous Anthrax. By William Sheen, M.D., M.S. Lond., F.R.C.S. Eng.—*Lancet*, November 26th.

A Lecture on Infantile Syphilis. By George F. Still, M.A., M.D. Cantab., F.R.C.P. Lond.—*Ibid.*, November 19th.

Case of Encephalitis Cerebelli. By Frederick Taylor, M.D. Lond., F.R.C.P. Lond.—*Ibid.*

# Odes to Guy's Men.

## No. 1.—The Clinicals.

Dwellers together in unity, six indivisible,
Contrary, diverse, yet proving yourselves to be miscible,
Exploiters of dark things, delvers deep into mystery,
Diagnosticians alert, and great at family history,
Peepers and mutterers, wizards, mighty leucocyte-hunters
List while I sing to your praise, make known your marvellous wonders.

Darkly secreted in lodgings archaic,
Where flit the ghosts of ages gone by,
Site of romance in a region prosaic,
Safe from the world's inquisitive eye.

Where none but immortals can hope for admission,
The cream of the school, the Fifteen's delight:
To enter your portals I crave for permission,
My features I'll veil to gaze on the sight.

Hither is carried a moribund pale one,
*Perforate stomach, appendix alight,*
Tumid abdomen of portent to quail one
Dragged from his bed in the chillness of night.

Bold are your hearts if nerveless your fingers,
Weak indecision shall cowards' guerdon be.
Know ye the saw, 'tis the angel who lingers;
Is it recorded that wings sprout on ye?

Many the cures and many the papers,
Based on the former your prowess forthtell;
But who fills the list to be read of all gapers
Posted each morning by cynical Bell?

Buried in depths of heated discussion
Twixt you "for the week" and harassed H.P.
Is it a stroke or is it concussion?
Hie him to Corney or leave him to thee?

Burn out his pupils and hammer his knee-jerks!
List to his heart, his liver palpate!
Think not of him, but find where the key-lurks
Of diagnosis: reck not of his fate!

*You've done all you can to fathom the mystery;*
You've spared not your knowledge, exhausted your skill;
Retire and consult your brothers consistory.
Stay! there's his urine, draw that off we will.

Think ye he'll linger to answer your queries?
His soul's on the march, for a happier shore.
Of your fine quibbles he churlishly wearies,
Quits the cold clay. He's dead on the floor!!

SENEX SED NON SENILIS.

# Guy's Hospital Debating Society.

On December 16th the Debating Society met in order to discuss whether the House considered the influence of the halfpenny paper to be pernicious. Owing to the density and lack of deductive capacity on the part of twenty-seven voters, as opposed to the illuminative intelligence of twenty-five, the House decided that the influence was pernicious. So much for truth, honour and purity of motive when brought to debate before the muddle-minded.

Mr. MANN opened the proceedings in favour of the halfpenny papers in a discursive and brilliant manner. *His reasoning was subtle and his argument sound*; what he said I have forgotten, but it was very good.

Mr. A. R. THOMPSON opposed vehemently. During his peroration a settee gave way, the clock stopped, and a junior member burst into tears. Mr. Thompson was forcible, even though the position he took up was obviously untenable.

Mr. J. E. COLLINS then seconded Mr. Mann. Modesty forbids that I should describe the humour, epigram, and withal *profundity of his remarkable effort* Let it suffice that it was so stuffed with good things that it would nearly stand alone.

Mr. C. B. PENNY then seconded Mr. Thompson. He said there was a student present in whose career he took great interest, which no doubt gained him five votes.

Mr. MANN said Mr. Penny was Purple with Post-Prandial Port.

Mr. PENNY said he had never dined at the Savoy or Cecil, and didn't want to do so.

Mr. COLLINS immediately cancelled an invitation he was about to give to Mr. Penny.

Dr. PEMBREY descended from the President's throne and said he didn't wish to see the masses educated.

Mr. STEBBING then made the only speech which really bore upon the subject, and moreover made it on the right side—that of the proposer.

Mr. THOMPSON interrupted.

Mr. A. S. M. PALMER spoke, but he says he has forgotten what he spoke about, and so have I.

Dr. SPRIGGS joined the fray in favour of the papers, thereby increasing his already excellent reputation for good sense.

Mr. PURDOM, wearing a bright smile, did a charming cake-walk, and said green apples were bad for children.

Others who spoke were Messrs. Myott, Webber, Layton, Hertz, Robinson, Box, O'Kellerhan and Henderson, but as they didn't, as a rule, give a clue as to which side they spoke on, it became impossible to separate the sheep from the goats.

The halfpenny papers were condemned by twenty-seven votes to twenty-five, and there was no coffee.

J. E. C.

## Sister's Letter.

MY DEAR MADGE,

December 25th this year was, of course, a Sunday, so that our Hospital festivities were necessarily kept on Boxing Day. A nice quiet day was spent on the Sunday, when my nurses were able to rest from their arduous labours of decorating, though the dressers seem to think they did most of it, quite forgetting that I provided most of the tea and holly, and spoilt one of my new frocks with that horrid wire. Mrs. Three was most thankful for the old shirt you sent her, though she *did* say it wouldn't fetch much, and that she would much rather have had Mrs. Four's shawl—but then, dear, the lower classes never were contented, were they?

On Boxing Day several of the ward clerks came to dinner, which was very quiet—not to say dull. Mr.—— went to the other ward, and I suppose his dressers went with him—though, of course, I only asked him for form's sake.

Now I must tell you about the Niggers, who were *quite* good this year, and certainly they were very tired by the time they got to us, though even then they sang very well. The costumes were excellent, and they were led by Mr. Pye-Smith, who was attired in white ducks, a tail-coat and a hat. I was quite deceived by Mr. Box, and in fact told the Matron that a nurse was smoking on the staircase—but, of course, it was evident when he sang.

There were two cats who had the presumption to rub themselves against me, and purr most naturally. Mr. Cooper wore a matinée hat, made by himself, and a beautiful white satin gown cut square in the corsage, and with *jupons*, lent—I believe—by the nursing staff. Mr. Bell-Walker made a most life-like sandwich-man, and Mr. Felton a capital Pirate King. "Our Sonny" looked charming as a little Japanese girl, and Mr. Anderson made up well as a canny Scot. That *very* funny man, Mr. Collins, wore a dressing gown and a high hat, which he used as a concertina, while Mr. Parker—who, by the way, is staying on in Bright—told some Boro' stories as Mrs. Gamp.

I am so fond of the drums, and they were played very well by Mr. Ticehurst and by Mr. Dryland dressed as a soldier. Mr. Goss wore his hair long as a Red Indian, and Mr. Milsom made a good "Gollywog." That big Mr. Jones was dressed as a sailor boy in very tight knicker-bockers, and looked very funny, while Mr. Gibson, as a Prehistoric, must have found his feet terribly in the way. Altogether it went very well, and I quite enjoyed myself. Next year you *must* come and see it all. Good-bye, dear,—Your affectionate, ELIZABETH.*

P.S.—This year belts are going to be worn *outside* aprons.

## Specialities.

### Lysoform.

Specimens of Lysoform have been received from the British Lysoform Company.

Lysoform consists of formaldehyde combined with saponaceous matter, to the former of which it owes its bactericidal power. It has a fragrant odour which to a great extent masks the irritating effect of the formaldehyde.

Lysoform is colourless, and consequently does not stain the hands; also non-corrosive, and so does not irritate the skin or destroy fabrics, etc., brought in contact with it. In this respect it possesses a great advantage over carbolic acid for sterilising surgical instruments. Its deodorising power is, however, perhaps its most striking attribute. Specimens of decaying meat and of putrid broth were almost instantly deodorised by a dilute solution of the preparation.

The last, and most important point, is its germicidal power. A five per cent. solution of Lysoform was used; and tests were carried out on three organisms, viz., the bacillus typhosus, the bacillus coli communis, and the staphylococcus pyogenes aureus. Emulsions of these organisms were made with the five per cent. Lysoform solution, and at the end of various intervals the organism was inoculated into suitable media and incubated for forty-eight hours. Absence of growth under these conditions was taken as proof that the organism was killed. The following results were obtained:—

(*a*) The bacillus typhosus was killed in from ten to fifteen minutes.

(*b*) The bacillus coli communis was killed in from twenty to twenty-five minutes.

(*c*) The staphylococcus pyogenes aureus was killed in from one hour and fifty minutes to two hours.

The further advantage that it is non-poisonous is claimed for it, and this has been supported by animal experiments conducted by Dr. Franz Nagelschmidt.

A mouth-wash and a tooth-paste are also prepared by the British Lysoform Company.

[* This is not *the* Sister Elizabeth.—ED.]

# Christmas Week.

## The Out-Patients' Tea.

At half-past one, on the afternoon of Boxing Day, the Out-Patient Department contained one small guest; nobody knew how he got in, and cross-examination merely elicited the simple fact that he "was ready to begin."

The whole place had a festive appearance. There was a large Christmas-tree at each end, the walls were resplendent with flags, the ceiling gay with Chinese lanterns, and Chivers was smoking a cigar.

At two o'clock the doors were opened, and about 560 children were admitted.

The authorities having divided the sheep from the goats, all the boys were entertained in the medical division, and all the girls in the surgical. Bread, butter, oranges and et ceteras were consumed with a rapidity which put the suburban train services to shame.

The versatility of the ubiquitous "Bobby" was again to the fore. The sight of a burly member of the Metropolitan Police Force, pouring out tea and spilling orange juice down his tunic, had to be seen to be properly appreciated.

At 2.40 the meal was concluded, and immediately afterwards the Niggers appeared in all the "Pomp and Circumstance" of burnt cork and weird garments of unholy cut. They sang "Bill Bailey," with the assistance of the audience, and "His day's work was Done," which brought down the House and two overloaded forms.

Afterwards the children were treated to a really good series of Living Pictures. A vivid representation of a fire, and an interesting series of pictures dealing with the pranks of "Three Little Maids," were amongst the best, but, where all were good, it is almost invidious to discriminate.

At five o'clock the children departed, each receiving a toy from the Christmas-tree, a bag of food and garments.

Those who organised this charity must feel very pleased at the happiness it has given to so many; and those who assisted to entertain the children should be amply rewarded by the keen and very real enjoyment which they displayed.

Personally, it has shown us a new phase of life, and we wish all our half-crowns were so well expended as those given for the "Tea Fund." The only unpleasant incident was the sight of the many who were excluded, not from want of hospitality, but from lack of accommodation.

Donors of dolls, toys, clothing, etc.:—Mrs. Pillin, Mrs. H. A. Brown, Mrs. Volcker, Miss Evans and Hostel Maids, Sister Margaret and Ward Maids, Sister Clinical, Sister Lydia, Sister Elsie, Sister Kate, Sister Ada, Nurse Maddison, Nurse Hanner, Nurse Adams, Nurse Treadwell, Nurse de Santoy, Nurse Stores, etc., Nurse Millidge, Miss Nightingale, Miss Hucklebridge, Mrs. Wise, Miss Lermit, Miss Carpmael, Mrs. Halle, Miss Jean Thomas, Miss A. F. Thomas, Mrs. Young, Mrs. E. O. Johnson, Mrs. Pullein, Miss Newton, Lord and Lady Decies, Miss Hertz, Miss Mollison, Mrs. Giles, Miss Rolls, Mrs. Clark, Mrs. Waldron, Miss Mellison, Miss Layton, Miss Zorab, Mrs. and Miss Webb, Miss Eyles, Mr. Lafone, Messrs. Huntley and Palmer, Messrs. Southwell and Co., Mr. H. C. Hamboro.

## The Residents' Theatricals.

The Annual Theatricals held in the Court Room in Christmas week were as usual a great success, and it would appear as if the Residents were determined, if possible, to surpass all their previous records, for the Triple Bill presented on this occasion proved very much to the liking of the audience.

The first of the three plays was Mr. R. C. Carton's duologue "The Ninth Waltz," with which Mr. Arthur Bourchier has made some of us familiar, and in this piece the characters were well represented by Miss Leveaux and Mr. H. M. Woodward, who both gave capital performances of their respective parts and proved themselves quite at home in the play. The second item was an entirely new and original play entitled "The Younger Brother," by Mr. H. C. Cameron, an account of which appears on another page.

This was followed by the farce "To Paris and Back for £5," in which a number of the Residents took part, and which was chiefly useful on account of the opportunities it gave for some excellent fooling and a number of topical jests and allusions which were received by the audience with unfeigned delight. Mr. H. M. Woodward, in the principal character of Snozzle, kept the fun going throughout and contributed largely to the success of the piece, while Mr. R. Edridge, in a capital make-up, was exceedingly good in the part of a comic waiter. Another important rôle—that of Markham—was well filled by Mr. R. G. Anderson, whilst Mr. C. D. Pye-Smith, Mr. E. F. Milsom, Mr. W. F. Box and P. C. V. Bent all made the most of their chances. Messrs. Parker, Spriggs, Bell-Walker, Webber, Ward, Greaves and Alcock were members of the cast who had "speaking" parts and by their "gag" succeeded in making a rather senseless farce into an exceedingly funny one. It is rather a pity that the "gag" was not kept up till the finish of the piece, for it was greatly owing to the want of it that the farce fell off so lamentably in the second half.

The leading lady's part of Fanny Spriggens was taken by Mr. Bent, and we can pay him no greater compliment than to say that he looked and acted as if he really were called Spriggens. Mr. R. A. Greaves was a stately hospital nurse, whilst Mr. F. Alcock, as a Borough woman, might have stepped straight out of Page's Buildings. It only remains to add that had the telegraph boy spoken through the window provided for him instead of concealing himself behind a wall, it might have been possible for us to have heard what he said. Mention must also be made of the admirable orchestra which, under the direction of Miss Redoubt,

added no little to the success of the entertainment, while a word of thanks must be accorded to Miss Beatrice Overton for her song "L'Amour."

## Lazarus Concert.

This annual Christmas Concert was held in Lazarus ward on Tuesday, the 27th December, at 5 p.m., when an interesting and varied programme was offered to the audience. The ward was tastefully decorated with holly, ivy and Chinese lanterns, and the scheme, although simple, was very effective. The attendance was extremely good, the ward was crowded, and from start to finish the assembly shewed a thorough appreciation of the evening's entertainment.

Mr. Allan Forty opened the proceedings with a pianoforte solo, which throughout was rather piano than forte, and served as an excellent *hors d'œuvres* to the musical feast. The solo was followed by a quartet composed of Sisters Lazarus and Lydia, with Messrs. Felton and Reeve, who rendered "Brightly dawns our Wedding Day," in a very striking manner, the closing soft passages being particularly good.

Mr. Gibson (who unhappily felt the effects of his previous exertion in the niggers), then sang "Fuzzy Wuzzy" with success, but he was heard to better advantage in his second song a little later. Mr. Gibson gave place to Miss MacVicker, whose violin solo evoked a hearty round of applause, and merited an even better reception than it actually obtained. The audience were much more responsive to her second contribution in the latter half of the programme, when she was kind enough to favour us with an encore piece in response to repeated calls for the same.

Mr. C. E. M. Jones then sang "The Bandolero" (he took it perhaps a trifle leisurely), but he sang it well, and it is a song that, under these circumstances, is always appreciated.

Messrs. Hamilton-Smith, Felton, Reeve and Forty, followed with the quartet piece "My Lady is wondrous fair." They sang it with such feeling, that they were compelled to give a second contribution at once.

"Richard of Taunton Dene" was very well sung by Mr. Bowen, who was also heard to advantage in "Green Broom," his second piece.

In his inimitable manner, Mr. Collins gave his conception of modern tragedy in an all too short "Sketch." Mr. Collins, who was in his happiest vein, was rewarded, with prolonged cheers, and is only deserving of censure, inasmuch as he failed to make his encore piece of sufficient length to satisfy an appreciative audience.

Sister Lazarus who was in excellent voice, sang, "The River of Years," and "Beloved, it is Morn," with such expression and *empressement* that her audience were carried away. Her first piece was undoubtedly the finest of the evening.

Mr. Felton trolled out the good old song "Simon the Cellarer" in rare style, and received his due mead of praise.

The tedium one is apt to associate with intervals was agreeably relieved by light refreshments, and the second half of the programme entered upon by a quintet, Sisters Lazarus, Lydia, and Messrs. Felton, Forty and Reeve, the effect of which was, unfortunately, somewhat marred by the finishing of tea and coffee.

Mr. B. H. Palmer greatly interested, and not a little diverted his audience by two reminiscences of his past in "A nice quiet Day" and "The one horse Char-à-bancs."

Mr. Dryland, in a clever lecture, outlined the principles, aims and beauties of phrenology considered as science, and closed with a demonstration of a few of the salient features met with on the head of a member of the audience.

Mr. Litchfield sang in a captivating manner, "When a Man is in Love," which pleased everyone.

The best thanks of the assembly are due to Messrs. G. A. Ticehurst and A. Forty, who accompanied the several singers in excellent taste throughout the evening.

The concert closed in the usual way, with "God Save the King," and the audience departed, having thoroughly enjoyed a really good entertainment.

## Job Concert.

This Concert opened with a pianoforte solo by Mr. Alan Forty. Mr. Herbert Tracey then gave us "Richard of Taunton," a song well-known in the hospital though none the less welcome, and later on sang the "Garden of Sleep." Miss Quihampton next sang "The Orphan Child," and Mr. Felton followed with "The Yeoman's Wedding Morn," an excellent song excellently rendered. "My Ships" gave Miss Pheysey an opportunity of displaying a fine contralto voice; and in the second half she sang with Miss D. Pheysey "I want the Moon." Mr. Frank Idle sang "John's Wife" with a deep baritone voice, and was vigorously applauded. As a ventriloquist, Mr. Fred Chester has often entertained us in previous years, and always creates much laughter by the jokes he places in his doll's mouth. A conjuror is a mistake at a ward concert, as he only appeals to the few front rows of the audience: Mr. Lambert, however, displayed some capital card tricks, deceiving even the House-Surgeon on the platform. The Guy's Quartette, who need no praise and whose names are well known, sang "Jenks' Vegetable Compound"; and Mr. Ellis brought each half of the programme to an end with "A Simple Curate" and "Aching Hearts," songs which his excellent intonation and facial expression made very successful. Mr. Sephton Cooper sang "Chorus, Gentlemen" with his usual verve and vigour; and Mr. J. H. Body followed with an amusing recitation, "How we elected Parson Brown," in which the sublime and ridiculous were well blended. Sisters Lydia and Lazarus, with Messrs. Reeve and Felton, then sang "Joy and Sorrow," which was very well received; and Miss Kendall, who has a charming soprano voice, sang "Violets and Roses." "Would you like to go halves in this?" was given in costume by Mr. B. H. Palmer, and a capital concert came to an end with the

National Anthem. A word of praise is due to Mr. Lowe's excellent sketch on the outside of the programme:—"Night Duty in front of the fire" is the subject. A partial view of a basket chair with its fair occupant leaves imagination to fill the other chair behind the screen.

### Patience and Samaritan Concert.

The traditional excellence of the Christmas entertainments in Patience and Samaritan wards was fully maintained on Wednesday evening, December 28th.

Mr. Henry Taylor had evidently endeavoured to provide amusement of the highest order for the patients and guests, and we congratulate him upon the complete success of his efforts. The soloists, Miss Teresa Blainy (soprano), Miss Annie McBride (contralto), Mr. Bertram Mills (bass), Mr. Harry Stubbs and Mr. William Fell (tenors), sang songs which delighted the audience.

The feature of the concert was the perfect part-singing of the three last named gentlemen and Mr. George May, Mr. Ernest Taylor, Mr. George Stubbs, and Mr. Hugh Taylor. The rendering of the madrigal "Come let us join," the grand glee, 'Strike the Lyre," the pathetic "Long day closes" (by Sullivan), and the beautifully delicate and brimful of lovely harmony, "When evening's twilight," "Absence," "The Sailor's song," and "Good Night" (by Hatton), were all sung by these representatives of St. Paul's Cathedral, Chapel Royal, and Westminster Abbey Choirs, as no other vocalists can sing them, their rich, full voices blending perfectly.

Violin solos by Schubert and Ries were perfectly performed by Miss May Richardson accompanied by her sister. Mr. Frederick Cozens was most amusing with his funny songs; and last, but most important, the accompaniments were artistically played by Mr. Turle Lee.

The thanks of the ward are due to Mr. Henry Taylor for his great kindness in providing such an excellent concert.

### Nurses' Theatricals.

On Thursday evening, December 29th, the Nurses' Home was the scene of an old custom in a new light. For the first time in the history of Guy's the Residents received an invitation to the Nurses' Christmas Entertainment, and "A little bird told me" that it was an unparalleled success and that everybody was delighted. The programme was divided into two parts; the Night Nurses provided the first half of the entertainment, and the Day Nurses the second. The dining-hall was beautifully decorated and refreshments were served there during the evening.

There were about three hundred people present, including Sir Cooper and Lady Perry, Dr. Bryant—the Nurses' Hero,—Dr. Fawcett, and The Countess of Bective, who presented a charming basket of flowers to the nurses at the end. The Operetta was the success of the evening, and it is a subject for wonder to all how the actresses succeeded in singing and playing so vivaciously at the end of what must have been to them a long and tiring day. We had no idea that there was such latent talent in our midst.

### Luke Concert.

We have received this programme from Luke Ward.

PART 1.—Cecilian, Mr. Reginald, of the Tarrand Organ Co.; Song, Miss Florence Summers; Coster Song, Mr. George Bealby; Duologue, "A Joint Household," Miss Beardsley and Miss Kate Wingfield; Song, Mr. Spencer Carpenter; Song, "Little Willie Brown (Collins)," Mr. T. Clare; Piano Solo, Miss Canning; Humorous Song, "Jimmy Brown's Essays," Mr. James Avon; Musical Sketch, Messrs. Roland and R. Bottomley; Song, Mr. Ben Drewitt; Song, Mrs. Leonard Best; The Harmonic Singers, Quartette, "A Franklyn's Dogge"; Song, Miss Oakley.

PART 2.—The Harmonic Singers, Japanese Glee, "Chick-a-lee"; Coster Song, Mr. George Bealby; Musical Sketch, "Burlesques," Mr. Tom Clare; Song, Mr. Ben Drewitt; Recitation, Mr. Robert Bottomley; Humorous Song, "My Inquisitive Kiddie," Mr. J. Avon; Mandoline Solo, Miss Pierpoint; Song, Mrs. Leonard Best; Song, Mr. Spencer Carpenter; Song, Miss Florence Summers; Comic Song, Mr. R. Constantine.

### The "Eye" Concert.

The Christmas concert was held in the Eye wards on Thursday, December 29th, from 3 o'clock till 5.30, as posted. In spite of many other counter attractions there was a large attendance of visitors and Guy's men. Among other distinguished guests were the Matron, Mr. Cosmo Bonsor and the Resident Surgical Officer. The Ruth dining-hall, in which the performance took place, was tastefully arranged with wreath and lantern for the occasion, and a large stage erected at its further end, on which the performers (who if not seen were heard to great advantage), being entirely of local importation, provided an excellent programme.

The following gentlemen rendered sweet music:—Messrs. Felton, Bull-Walker, Palmer, Alcock, Jones, Barker, Green, Wacher, and the Senior Chaplain. Mr. Ellis gave one of his amusing musical recitals, and Mr. James Collins his far-famed mono-melodrama, which he sustained to the finish amidst great applause. The concert terminated with a harrowing tragedy entitled, "The Rose of Stinging-nettle Farm," a strong caste being furnished by Messrs. Spriggs and Cooper's company, who filled their allotted parts in a most convincing manner.

At half-time everybody adjourned *en masse* to the operating theatre (appropriately decked for the occasion), where tea and refreshments were served to the great satisfaction of all. The skylights remained intact throughout the proceedings.

### Naaman Concert.

This Concert took place on Friday, December 30th, at 6 p.m. Innumerable Chinese lanterns shed soft beams of light on the scene of one of the best concerts of the

week. The entertainment began with a violin solo by Nurse Woodward, who played Dvorak's "Romance." Never before have this player's perfect technique and most sympathetic power of expression combined to produce a more melodious effect, and the applause was long and enthusiastic. Miss Dyer sang "The Little Irish Girl" very prettily, and Miss Rendell and Miss Layton charmed all hearers with "Stars of a Summer Night." Mr. J. E. Collins followed with his really admirable monologue "Collinsonia" (wig and costume kindly lent for the occasion by J. E. Collins, Esq.), and was encored, whilst Mr. Palmer convulsed his audience with "A nice quiet day," singing "The Ballymoney Conversazione" as an encore. Miss Shee's soft crooning in "Husheen" was much appreciated, and Mr. O. V. Payne purred west country ditties to the obvious delight of all. Where all was so excellent, it is almost invidious to single out any for especial praise, but Miss Overton's really beautiful rendering of "Beloved, it is Morn," constituted one of the chief features of a remarkably good concert. Mr. A. Alcock was deservedly applauded for Löhr's two short songs, "Love's episode" and "If all the Young Maidens." Miss Dyer and Mr. Geoffrey Wacher were really admirable in a clever duologue entitled "A Pair of Lunatics," and prolonged applause greeted their efforts. After the tea-and-talk interval Mr. Ellis raised a storm of merriment with "A Simple Country Curate," and was encored; Nurse Woodward again showed her perfect command over her violin in Wienawski's "Kuywiak," and in response to prolonged applause delighted her audience with "Mazurka." This talented player is to be congratulated upon so polished a performance. Mr .Wacher showed his versatility in two comic songs. Miss Shee prettily recited two Irish ditties, while Miss Layton was heard to great advantage in "When the Birds go North Again." Local talent was strongly represented. Mr. C. E. M. Jones gave an impressive rendering of "The Two Grenadiers," which was justly appreciated. Mr. Palmer again made merry, and Mr. Bell Walker's tuneful voice was heard to advantage in "Never go to Sea on a Friday." A highly artistic trio by Miss Rendell and the Misses Layton, was followed by "Forging the Anchor," sung by Mr. Gibson with great gusto. Mr. Alcock again came forward with "A Pale Young Curate" and "Tired," during which song he fell asleep in a chair, and had to be awakened for the National Anthem, which brought a most successful concert to a close. A word of especial praise is due to Nurse Nunn and Mr. G. A. Ticehurst, who accompanied with such great success, and all concerned are to be heartily congratulated on an excellent result.

### Astley Cooper Concert.

The Concert in Astley Cooper was the last of the ward concerts, and as usual was a great success. The ward was crowded, and as most of the performers were from the hospital, the programmes were more useful than usual. Mr. Gerald Ticehurst played the pianola in the first half, and successfully disguised "Bill Bailey," on the piano, in the second half. Mr. Gibson as one of the "lower five," and Mr. Litchfield as one of the "upper ten," gave a great deal of amusement. Sister Lazarus and Sister Lydia both sang songs in excellent style. The Misses Tayces sang "I want the Moon," this being the only item given by artistes who were not at Guy's. Mr. Payne sang several songs, as he alone can sing them. Sister Eleanor recited in both parts of the programme, and was very much appreciated. Amongst others who sang or recited were Messrs. Collins, Reeve, Edwards, Cooper, Palmer, Dryland, Wacher and Alcock. An enjoyable evening ended with "Auld Lang Syne," and "God Save the King."

## Reviews.

*The price of books submitted for review should in every case be stated.*

*The After-treatment of Operations.* Second Edition. By P. Lockhart Mummery, F.R.C.S. Pp. viii. and 240. (Messrs. Baillière, Tindall & Cox.) Price 5s. net.

Mr. Mummery is to be congratulated on having supplied an excellent handbook to fill an evident vacancy in elementary surgical literature. After-treatment is far too often neglected in the teaching given at a hospital, and its importance is often impressed on a student for the first time by examiners. All dressers will find this a most invaluable book to read, and even house-surgeons soon after their appointment—we say it with all due deference—will find much food for reflection herein. The teaching is most practical, and in an introductory chapter the author commends the policy of satisfying a patient's thirst after operation, instead of only allowing him "a sip at a time," the correctness of which treatment is now being widely recognised. There is an excellent chapter on shock and collapse, in which is embodied the recent work of Crile of New York. Shock is defined as the condition resulting from exhaustion of the vaso-motor centres; collapse as resulting from inhibition of these centres or loss of circulating fluid from the body. A number of illustrative cases are given and references to the various works consulted.

*Guide to the Examination of the Throat, Nose and Ear.* By William Lamb, M.D. Pp. xii. and 152. (Messrs. Baillière, Tindall & Cox.) Price 5s. net.

Two or three afternoons' work at Throat Out-patients gives a student a better insight into the technique of throat examination than does the reading of many books on the subject. All, however, have not the time to spare for this appointment, and accordingly must learn how to use a laryngoscope from such a book as the one before us, which is very well suited for the purpose. Through out, the teaching is extremely elementary; each part

is taken in turn, and *the normal, how to see it, and what it looks like*, is in each case followed by an outline of the commonest pathological conditions. The illustrations, many of which are photographs, are exceptionally good, especially those from actual dissections of various parts of the nose. Many useful hints are given *e.g.*, "a large size laryngoscopic mirror is best as a rule," as it lifts up the uvula and soft palate most easily; and the theory is maintained that ordinary nasal polypi are *usually* associated with inflammation of the ethmoid bone, in addition to the mucous membrane covering it.

*The Simple Medical Year Book.* (Messrs. J. Bale, Sons & Danielsson, Ltd.). Price 10s. 6d. net.

Book-keeping is the bugbear of the junior partner of every firm of medical practitioners, and many a man then learns by bitter experience the mysteries of double entry, so that any form of cash book which lightens his labours will be heartily welcomed by the medical profession. The principal feature of this new year-book is that by using it the actual financial position of a practice can be easily estimated on any given day, and also an efficient check is kept on actual expenditure. A page is provided for each week ruled with lines for each day, while columns are provided for each item. Unfortunately it is necessary that "Fees earned" should be entered each day, so that no reduction for the charge per visit can be made afterwards, when the bill is sent out. The book is well bound, opens well, and is printed on excellent paper; but in the opening summary, which contains some good hints on filling up the Income Tax Assessment Form, we are told to deduct 5 per cent. for bad debts, though in the notes at the end 10 per cent. is the amount named for the same. Neither a day book nor a ledger, but a compromise which many will find useful.

## Change of Address.

Dr. W. F. A. Clowes, from Monkswell, Coggershall, Essex, to 15, Queen Street, Colchester.

Dr. E. J. Tongue, from Rocklands, East Grinstead, Sussex, to Beech House, Winterton, Axminster.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

## Sport.

FOOTBALL FIXTURES.

Saturday, January 7th.

G.H.R.F.C., I., v. Catford Bridge, away.
II., v. Catford Bridge "A," home.
III., v. Catford Bridge III., away.
G.H.A.F.C. I., v. Beckenham, home.
II., v. Beckenham II., home.

Wednesday, January 11th.

G.H.R.F.C., I., v. St. Bart's "A," away.
G.H.A.F.C., I., v. Old Carthusians, home.

Saturday, January 14th.

G.H.R.F.C., I., v. Blackheath, away.
II., v. Civil Service II., home.
G.H.A.F.C., I., v. Ewell, away.
II., v. Ewell II., home.

Saturday, January 21st.

G.H.R.F.C., I., v. London Welsh, home.
II., v. Rosslyn Park II., away.
III., v. London Hospital, home.
G.H.A.F.C., I., v. Croydon Park, away.
II., v. Old Cranleighans, home.

HOCKEY FIXTURES.

Saturday, January 7th.

G.H.H.C., I., v. Bromley, at Kidbrooke.

Saturday, January 14th.

G.H.H.C. I., v. Beckenham, at Kidbrooke.
II., v. Willesden II., at Richmond.

Saturday, January 21st.

G.H.H.C. I., v. Bowes Park, at Kidbrooke.

## Rugby Football.

GUY'S v. NORTHAMPTON.

Played at Northampton on Saturday, December 10th. Northampton this year are especially strong, having won most of their matches, and drawn with such teams as

Leicester and Blackheath, so that a hard game was expected. Owing to a heavy fall of snow followed by a thaw, the ground was not in such good condition as it might have been. Guy's having won the toss, Northampton kicked off and for the first couple of minutes pressed hard. From a scrambling scrum in our twenty-five, their halves got the ball and passing it smartly out to the three-quarters, their centre, Coles, dropped a fine goal. On the re-start, Guy's very quickly invaded their opponents' territory, and after some splendid work by the forwards, our backs got going, and Teddy Morgan, beating Leigh their full back, scored a grand try, which, however, was not improved upon, so that Northampton were left with a lead of one point. After the drop out Guy's again got to work, the forwards charging down the return of a good kick by McEvedy, some hot work took place on the Northampton goal line, which ended by the ball going dead. We were not to be denied, however, for, immediately after the drop out, some splendid passing took place between Morgan and Stringer, who was just collared on the line, but from a forward scramble Mullins got over with a try, which was not converted, thus putting us two points ahead. Guy's again pressed, but by the interception of a pass by the opposing three-quarters Northampton gained a lot of ground. The Guy's forwards now did some capital footwork, and, the halves getting the ball smartly away, Alcock was all but in. Northampton now began to press, but McEvedy relieved by a splendid touch kick. Play then became very equal, both sides striving hard for mastery, but just before half time Alcock fielded a cross kick and was only grassed by Leigh near the line. Half time came, with Northampton a dropped goal (4 points), Guy's 2 tries (6 points). On the re-start Saunders kicked off, Northampton pressed, but Husbands saved well; then followed some hard work between the forwards, but from some good passing by their three-quarter, Kingston crossed the line with a try, which was not improved upon, thus putting Northampton one point ahead. With the one point lead they played up with renewed vigour, and almost immediately they added another try to their score, which was converted. After this Guy's played up desperately, and with a fine forward rush carried the game to our opponents' twenty-five where we gave them a very anxious time for some minutes, but no further scoring resulted. The game ended in a win for Northampton by 6 points, 2 goals (1 dropped) 1 try to 2 tries.

REMARKS.—The team as a whole played a splendid game. Morgan was at his best, and his try was a magnificent display. Alcock brought off some of his old time dashes. McEvedy and Stringer were prominent, especially with their kicking, the former earning more than one hearty cheer for his splendid touch kicking. Our halves, who have still to improve in the matter of quicker passing, were not given a fair chance, owing to the referee dropping on them repeatedly for supposed off-side tactics. The forwards were all at their best, and more than held their own against the opposing pack.

2ND XV.

The first half of the season has been very successful. Of the fourteen matches that have been played, we have won ten, drawn one, and lost three, being beaten by the School of Gunnery, Shoeburyness, Old Millhillians and Civil Service; and scoring 182 points to 52 against us.

Forty different men have played for the team, the pack having a selection of twenty-two.

The forwards have shown good form generally, but must learn to keep together in the loose. The three-quarters are a speedy lot, with plenty of combination and scoring powers.

GUY'S III. v. TONBRIDGE SCHOOL II.

Played at Tonbridge, on Wednesday, November 30th, ending in a win for the hospital, after a good game, by 2 goals 5 tries (25 points) to 1 goal (5 points). The following scored tries: Burney (4), Bennett, Robinson and Reynolds (1). Robinson and Burney kicked the goals. Team:—

GUY'S.—P. E. Patey (back); W. H. S. Burney, R. S. Bennett, L. T. Baker, T. R. Harvey (three-quarter backs); J. P. Jones and E. C. Myott (half-backs); W. H. Robinson, L. L. C. Reynolds, D. Reynolds, W. S. Kidd, M. M. Adams, D. Stout, R. Stout, E. L. Elliott (forwards). Guy's played one short in the three-quarter line.

GUY'S III. v. U. C. S. OLD BOYS "B."

Played at Isleworth, on Saturday, December 3rd, Guy's winning easily by 5 goals 6 tries (43 points) to nil. Guy's played two short. The following scored tries: Wacher (4), Kidd (2), Adams (2), Reader, Lloyd and Harvey (1). Harvey converted (3), and Kidd (2). Team:—

GUY'S.—L. A. Penny (back); G. Wacher, S. Reader, M. M. Adams (three-quarter backs): C. M. Lloyd and T. R. Harvey (half-backs); W. S. Kidd, G. Hind, E. L. Elliott, G. B. Cockrem, D. Stout, L. Atkinson, G. Steinbach (forwards).

GUY'S III. v. ROYAL SCHOOL OF MINES II.

Played at Honor Oak Park, on Wednesday, December 7th. After a good game, Guy's came out winners by 2 goals 2 tries (16 points) to 1 try (3 points). Wacher and Kynaston divided the tries, and Kidd and Harvey each converted a try. The whole team played very well, the tackling being very safe. Team:—

GUY'S.—E. A. Penny (back); G. Wacher, J. N. Watson, H. F. Wight, A. E. Kynaston (three-quarter backs); P. J. Monaghan and T. R. Harvey (half-backs); A. R. Thompson, L. L. C. Reynolds, D. Reynolds, E. P. Minett, W. S. Kidd, G. Hind, E. L. Elliott, D. Stout (forwards).

Referee—R. B. Dawson (Guy's Hospital and Northern University).

GUY'S III. v. OLD WHITGIFTIANS II.

Played at Croydon, on Saturday, December 10th. Guy's lost by 1 try (3 points) to 1 goal 1 try (8 points). This is the first match the 3rd have lost up to date. D. Stout scored our only try. Whelon played a good game at half. Team:—

GUY'S.—H. F. Wight (back); G. Wacher, S. Reader P. J. Monaghan, C. M. Lloyd (three-quarter backs); R. B. Dawson and C. E. Whelon (half-backs); W. S. Kidd, D. Stout, R. Stout, G. B. Cockrem, L. Doudney, S. Wilson, S. Thomson, J. Hodson (forwards).

The 3rd XV. have only lost one match up to the end of the first half of the season. Played twelve, won ten, drawn one, and lost one, having scored 349 points against 39 points. After drawing with Lennox 3rd in the first match of the season, we beat them in the return by 47 points to nil. In two matches against Ealing 2nd, we scored 132 points to their 3 points, and against U. C. S. Old Boys, we scored 43 points to nil. These good results have been chiefly due to the keenness of the whole team, who have always turned out to a man.

## Calendar.

January, 1905.

Sat. 7.—Messrs. Lucas and Lane's take-in; Drs., C De Villiers and A. W. Eyles; Cl., R. Felton.

Mon. 9.—Second part of Conjoint Exam. begins.

Tues. 10.—Final Conjoint Exam. begins.
February Appointment List closed.

Thur. 12.—Messrs. Golding-Bird and Dunn's take-in; Drs., W. H. Trethowan and S. Reader; Cl., W. N. May.

Fri. 13.—Meeting of the Dental Society at 4.15 p.m.

Sat. 14.—Physical Society's meeting at 8 p.m. "The Evolution of Mind." K. H. Digby. President: H. C. Cameron, M.A.

Mon. 16.—Pre. Sci. and Inter. M.B. London Exams. begin.

Thur. 19.—Mr. Jacobson and Sir Alfred Fripp's take-in; Drs., T. F. Wilson and C. M. Ockwell; Cl., W. P. T. Meade-King.

## Papers by Guy's Men.

A Clinical Lecture on Alcoholic Peripheral Neuritis. By W. Hale White, M.D., F.R.C.P. Lond.—*Clinical Journal*, November 30th.

A Contribution to the Study of the Treatment of Hospital Abuse. By Lauriston E. Shaw, M.D. Lond., F.R.C.P. Lond.—*Lancet*, December 3rd, 1904.

Problems in Psychology. By Reginald Eager, M.D. Lond.—*The Bristol Medico-Chirurgical Journal* for December, 1904.

rogress of Medical Sciences: Dermatology. By W. Kenneth Wills, M.B., B.C. Cantab.—*Ibid.*

Public Health and Architecture. Presidential Address. Illustrated with portrait and four plates. By John F. J. Sykes, M.D., D.Sc.—*Public Health*, December, 1904.

Case of Acute Myelocytic Leukæmia in a Child. By J. M. Gill, M.D. Lond.—*The Australasian Medical Gazette* for October, 1904.

The Treatment of Purulent Ophthalmia in Adults by Canthoplasty. By Captain Alfred J. Hull, R.A.M.C.—*Journal of the Royal Army Medical Corps* for December, 1904.

Some Observations on Convulsions in Children and their Relation to Epilepsy. By R. O. Moon, M.D. Oxon., M.R.C.P. Lond.—*The Lancet*, December 24th, 1904.

## From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

### Marriages.

GILL — EWAN. — On October 22nd, 1904, at St. Stephen's Church, Philip Street, Sydney, by the Rev. John Ferguson, James Macdonald Gill, M.D. Lond., of College Street, Sydney, to Elsie Frazer, fourth daughter of the late Mr. James Ewan and of Mrs. Ewan, Glenleigh, Penrith, N.S.W.

PEALL—HASLAR.—On December 28th, 1904, at St. Augustine's Church, Highbury, Percy A. Peall, M.B. Lond., son of Mr. G. T. Peall, of Highbury, to Gwendoline, daughter of Mr. W. F. Haslar, of Jersey.

### Death.

HALSE-FRANCIS. — On December 27th, 1904, at Kaikoura, Marlborough, New Zealand, Ferdinand Henry Halse-Francis, M.D., B.S. Durh.

EDS.—R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

A FORTNIGHT of the dullest session of the year has already done much to efface the memories of the holidays. The wholesale changes that take place at the commencement of the year make it difficult to appreciate that it is nevertheless substantially the same Hospital. The appointment of new officials of all sorts and sizes, the new influx of ward clerks of varying degrees of diligence, and last, but by no means least, the delicate readjustment of the equilibrium of nursing power, all these things remind us that verily our histories are written in sand. However, if the general consensus of opinion were taken, no doubt few would be found to lament the prosaic reversion to the normal, which was accomplished some fourteen days ago.

THE Niggers alone remain unregenerate. On Tuesday evening this irrepressible troupe delighted a Boro' audience at the Charterhouse Mission, Crosby Row. We suppose for a precedent to this we must go back to the days of the real original "Disguysed Minstrels"?

IN our efforts to provide the Choral Society with an unbiassed opinion of their worth, as shown in the concert of December last, we have merely succeeded in ruffling susceptibilities. A certain section of the Society, being wholesomely weary of the usual adulatory notices which have from time to time appeared, made it their business to see that at the last concert an untrammelled critic should be present, with what result our correspondence column will show. It is unfortunate that, as a general rule, the more competent the artiste the less can he stomach adverse opinion, and in this case robust criticism has once more proved indigestible material. Surely this state of things is unsatisfactory? There are some hospital functions, the average ward concert for instance, which to criticise would be as unnecessary and as ungrateful as it would be simple. Accordingly the ward concert is usually reported, if possible, by those whose stock of pleasing adjectives is, humanly speaking, unlimited, and whose artistic discrimination, if present, is, for the time being, sternly repressed. But the Choral Society deserves more serious treatment than this, and it is a matter for regret that it should seem not

wholly able to receive it. In publishing an honest criticism most people will agree that we have paid the Society a compliment. If we had followed precedent we should merely have flattered.

THE admirable paper on "The Evolution of the Mind," read by Mr. Kenelm Digby before the Physical Society on Saturday last, left most of its hearers incapable of relevant comment, and no wonder. It is almost impossible to imagine a more difficult subject for a scientific treatise, but Mr. Digby's reasoning, obviously original, but none the less based on the most orthodox first principles, was never obscure on that account. If the shoals and quicksands of metaphysical speculation had presented any temptation these had been carefully avoided, with the result that joints in the armour were very difficult to find. Had this been otherwise, the ensuing debate might have been more eventful and interesting, but the paper itself would have been less worthy of the praise which was unanimously accorded it. Metaphysicians are a mixed company, especially in these days of christian science; their only common ground is their liability to shipwreck, and no self-respecting physiologist can be expected to identify himself with such. The honours of the evening were decidedly for the junior men, and nothing was left for their seniors but to indulge in a little appreciative patronage. This they accordingly did. Even a president of the Physical Society is but a man.

SOME time ago we had occasion to refer to the scarcity of dental news in the GAZETTE, several letters having been received from old Guy's dental men complaining that the only subject of real interest to themselves was conspicuously absent in our columns. We explained then that, as more than one attempt had been made, on the part of the GAZETTE authorities, to induce dental men to contribute, and on each occasion with no result, the matter might fairly be said to rest entirely with the Dental Department. At a special meeting of the Dental Society, a report of which is published elsewhere, it has been finally decided that a serious effort shall be made to rectify the present state of affairs. The present number contains a dental clinical lecture, and we purpose publishing two or three more of these in the course of the year. Also a more or less permanent dental column is soon to be instituted that dental affairs may have a proportionate representation with those of the other departments of this Hospital. We take this opportunity of pointing out to all dental men (especially to those who have left the Hospital), that, if they wish to see this scheme working to their satisfaction, they will do well to help our dental correspondent by every means in their power. It will be no easy matter to procure even the moderate amount of dental literature that will be required to fill a column of the GAZETTE, and if, from time to time, they can supply reports of cases of interest they will help forward very materially that which, at the outset, promises to be a very difficult task.

WE look forward with excitement and interest to the coming Assault-at-Arms to be held shortly in the Pavy Gymnasium. The last display was exceedingly successful, but the coming one will probably eclipse all previous records. We hear on good authority that a senior member of the Staff will box a few rounds, and if this fact alone does not suffice to pack the gymnasium to overflowing we are indeed degenerate. Particulars will probably appear in our next issue.

SOME time ago an occasional correspondent signing himself P. R., indulged in our columns

in a wail of reproach at what he chose to consider this community's lack of the historic sense. One concrete instance of this deficiency which he cited, was the apparent inaction of the Washbourn Memorial Committee. On this point, however, he was mistaken. The memorial to Dr. Washbourn has been executed, and is only awaiting the completion of the New Museum buildings for it to take its place therein. We have not seen this same memorial, but we hear on the best authority that it is excellent both in design and execution. We were counselled by some to ignore P. R.'s impertinence, but, although his mistrust of the committee was somewhat too obvious, nevertheless the necessary information which he lacked must have been desired by many, and we take this opportunity of answering this particular complaint.

THE Dissecting Room is at present mourning the loss of Mr. R. P. Rowlands, who has recently been elected to the post of Surgical Registrar. The Surgical side is to be congratulated, however, on so admirable a filling of the vacant post, and those whom Mr. Rowlands leaves behind him have at least the consolation of knowing that he will again direct their destinies in the Surgical Wards in the near future.

CONGRATULATIONS to Mr. P. N. Blake Odgers on his appointment as Junior Anatomy Demonstrator in the Dissecting Room.

THE trials of an extern are many and various, but here at Guy's we usually find the majority of the patients and their relations making every effort to make "the doctor" approximately comfortable. The lines of at least one of the externs at the London Hospital have not been cast in such pleasant places, for we read that this unfortunate man was locked in a room by the husband until his services were required! The ill-used accoucheur has applied for a summons, which has been issued.

THE Clubs' Union is to be congratulated on its new constituent institution, to wit, the Hockey Club. This club has a good ground at Kidbrooke, and is in a sufficiently flourishing condition to warrant high hopes of retaining the Cup One or two of the leading hockey players at Guy's have worked hard for their club's enrolment in the Clubs' Union, and they deserve the heartiest thanks of all who are interested in the game.

APPARENTLY we are not alone in the difficulty we experience in filling odd corners of the GAZETTE. Other hospital magazines show signs of post-yule-tide depression, but few we venture to think can produce such excellent "padding" as the following extract from the "Manchester University Magazine."

This verse must be made to-day —
The Editor wills it so—
I've nothing at all to say,
The weather is cold and gay,
The sky is a whirl of snow—
This verse *must* be made to-day.
Tho' others are blithe and gay,
My bosom is filled with woe:
I've nothing at all to say.
I'd carol a joyful lay,
If time were to spare, but oh!
This verse must be made *to-day*.
How jocund and fair is May—
December how dull and slow—
I've *nothing at all* to say.
Receive then the debt I pay,
A debt that I fain would owe;
This verse must be made to-day.
I've nothing at all to say.

## From the Gazette's Special Pathologist.

NOTICE.

H. L., MANCHESTER.—This portion of tissue from the naso-pharynx is infiltrated with branching processes of squamous celled epithelioma.

A., CHADWELL HEATH.—This sputum contains comparatively little pus, and no tubercle bacilli are seen to be present in it.

PATHOLOGIST.

# Mechanical Treatment of Fractured Thigh;

## WITH SPECIAL REFERENCE TO HODGEN'S SPLINT.

CLINICAL LECTURE BY MR. C. H. GOLDING-BIRD.

November 30th, 1904.

GENTLEMEN,—From the therapeutic point of view, fractures fall at once into two classes, viz., those treated mechanically and those treated by operation. With the latter I am not now concerned, for, with few exceptions—such as fracture of the patella—operative measures are reserved for fractures with some form or other of complication, and I am dealing now with our experience here of simple uncomplicated fracture of the shaft of the femur.

For the same reason I make no allusion to massage, a most important addendum to the strictly surgical treatment, though it will be found capable of being easily employed with such a splint or protective apparatus as Hodgen's, which I especially desire to describe.

I must first refer to the problems that present themselves in a case of fractured thigh, in order that you may judge whether the treatment that I shall in the end advocate is sufficient for their solution; I think you will find that it is.

In a simple uncomplicated fracture, displacement of one, or both, fragments from the axial line is, in view of mechanical treatment, what we have to note and to rectify. The ordinary displacement is in the direct axis, and is one of *shortening*, primarily due to the accident, one fragment being driven beyond the other, and even made to perforate the skin, and we overcome this shortening by manipulation — or setting; but secondarily it is caused by muscular action, and it is this that our protective appliance must be able to overcome. Were this muscular action a constant quantity we could meet it with ease, but it is just because it is continually varying day and night that if we are to meet it and keep the bone at its natural length, we must have a means of automatically doing so; in other words, we require a counter force to this contraction, which shall be always alive and acting, not merely passive and fixed. How this is attained will be seen when I offer some criticisms on existing splints.

*Lateral displacement*, or overlapping, depends partly upon the shape of the fracture; it also is a necessary concomitant of shortening, and it may be the result of muscular action, as in the case of fracture just below the lesser trochanter, where the upper fragment gets tilted forwards, rendering treatment in the straight position of the limb, in regard to the body axis, an impossibility; but, as you will see, the Hodgen splint overcomes this difficulty.

*External rotation* at the seat of fracture is the third problem you meet with, and but little attention seems to be given to it; yet if uncorrected it produces more real deformity in walking afterwards than a considerable amount of shortening.

When lying on the back the natural bias of the lower extremity is to rotate outwards, and this is more manifest the moment the continuity of the femur is destroyed. It may be that the shape of the fracture is a factor in this, but I do not consider that, at least in the shaft of the thigh, it is an important one; yet, however caused, it must be thoroughly corrected.

In recent years the use of X rays, as well as the frequent operations on fractures, have demonstrated that, contrary to the statements of older surgeons, spiral fractures are not only not rare, but they practically are found in all the indirect fractures of long bones. This is not difficult to understand, for an indirect fracture, except that produced by snapping of a bone, like a stick across the knee, is hardly conceivable without more or less of a torsion-action having been applied to it, and if this be conceded, the spiral fracture must follow, since a long bone is but a hollow column. Engineers recognise just the same fracture from strain in a hollow steel column, one, for example, supporting a bridge, and you can produce one for yourselves with the greatest ease by holding a long bone firmly at each end and twisting it on its axis; where it snaps you will find a true spiral fracture. It is now clear that to overcome—or set—such a rotation fraction, a twist in the opposite direction should be made, and not a mere pull or extension; and such is the case. We actually can witness what goes on under the thin skin of the shin, but in the femur the parts are so buried that only the X rays can show what has taken place.

Were a fracture transverse there would be no difficulty in restoring it to its normal line, supposing the lower fragment had become rotated; but each end of the spiral fracture being pointed and pen-like, it quickly engages muscle or fascia, which adds immensely to the difficulties of reduction. It is easy if the upper fragment is free to move in a ball-and-socket joint, like the hip, to rotate it at that point, and

leave the fracture, which is less easily moved, in a vicious position.

It is therefore most important that a reliable means should be found for estimating this rotation both before and after the process of "setting," and the following I submit for your consideration:—

The lower extremity, in point of natural rotation, as a man lies on his back, varies in different men; therefore a datum or working standard must be obtained from the sound leg in a case of fractured thigh. A mark is put over the anterior iliac spine and also over the exact middle of the patella, and a stick or "straight-edge," is rested on these two points, while the exact spot where it touches the toes is noted—it may be anywhere about the great toe, or between this toe and the next. Having observed this, transfer the measure to the injured side, both limbs being parallel, with the same preliminary precautions, and very likely its lower end will lie entirely within the line of the great toe. Now rotate the foot inwards until the measure impresses on the same spot as on the sound side: the feet are now symmetrical. But this is not all, a fallacy yet may remain, and will declare itself in a certain amount of external rotation as soon as the patient begins to stand. It comes about in this way. Owing to the spiral shape of the fracture described just now it is really more easy to rotate the limb at the hip than at the fracture, and if this happens the restoration of position is merely apparent, not real.

To check this, one other and simultaneous observation must be made. The two great trochanters must be observed in their relation to the anterior iliac spines, and if restoration from the everted position is apparent and not true, the trochanter on the injured side will be found occupying a position anterior to that on the sound side; and hence when the man gets up, the limb, at the hip, will swing again into its normal position, and the foot be found still everted. Mere symmetry of the feet in bed therefore, without observing the position of the trochanters, is not enough to shew that the rotary displacement has been corrected.

We may now leave general considerations and come at once to their practical bearing.

Two distinct phrases must be recognized in the treatment of fractures—one the so-called setting of the bone, done by the surgeon's hands; the other the retention of the bone in its improved, if not normal, position by the splint or protective apparatus. In the case of the thigh an anæsthetic is almost essential for the setting of the bone; certainly in the adult: and the longer this manipulation is delayed, the more irritable the muscles become and the more imperative is the demand for anæsthesia. I need scarcely show you that this should not be undertaken until you have your splint or appliance ready to hand: for until "put up" with suitable extension, a fracture of the thigh places the surgeon who has only manipulated or set it, in the unenviable position of "holding a wolf by the ears!"

We will now therefore discuss some forms of retentive apparatus.

Of these there are many forms, and the mechanical merits of any one particular appliance will not alone be the guide for choosing it, for you will quickly note in practice that it is the age as much as anything else that regulates your choice of treatment of fractured thigh. Excepting the special fractures at either end of the femur at definite times of life, you will find that age resolves itself into two factors—the body weight and relative power of the muscles. Manifestly, any appliance in which there is a free extending force, say, over the end of the bed, is unsuitable in the case of an infant, and also generally in young children; for in the latter the strength of the distorting action of the thigh muscles seems greater in proportion to the total body weight, *i.e.*, the counter extension, than it is in an adult. Hence it generally follows that to enable sufficient active extension to be exerted upon a child's thigh, it is necessary to add to the possibilities of his own body weight as counter extension, by fixing him in a rigid frame, such as we here call the "double Bryant," but known to Middlesex men as the Campbell de Morgan splint. Merely attaching the child to the bed-head by a loop under the arms is neither comfortable nor practicable; his position, relative to the extending force, varies each time the nurse attends to him, but in such a firm frame as the "Bryant," the whole mechanism is lifted *en masse*, and the extension on the fracture need never appreciably vary. The extension, as you know, in that apparatus, is not by weight, but by a suitable indiarubber door-spring or accumulator, fitted into the frame of the appliance.

For infants we always employ suspension. Two short outside splints are applied to each leg, and projecting beyond the feet are there united by a rigid cross-bar of wood, so as to maintain the feet a few inches apart and to counteract rotation. A cord now attaches this bar to some suitable overhead support, sufficient tension being employed just to raise the buttocks

off the bed. The child's own weight gives the active extending force, whilst the position is well adapted for nursing purposes.

Coming now to adult patients, and in comparison with the Hodgen splint, I will refer to the Liston—generally called the *long* Liston, but there is no *short* one!—and the Desault. The Liston was designed to use with the perineal band, and I occasionally find that it is still so employed, though not in Guy's. Whilst the actual splint, as splint, is good enough, the entire apparatus I can only mention to condemn.

I show you the mode of application, and with the splint *in situ*, the pronged lower end engages some of the turns of the bandage round the foot, so that if now the top end of the splint be pushed down from the axilla the foot is pushed down too, and a certain extension of the lower limb is made. This extension in fracture is made by a perineal band—a padded strap passed between the legs, the middle of which takes a purchase on the tuber ischii of the injured side, the free ends being passed through holes at the top of the splint, and then firmly buckled together, thus drawing the splint downwards.

Its fallacy is at once apparent, for even supposing at the first moment of the application the tightening of the band extended the limb to the required length, such pressure on the perinæum can be borne but for a short time, whilst this extending force is purely passive and never varies to meet the varied requirements of muscular contraction—or its only variation is towards a certain relaxation of it, and hence a greater or less recurrence of the original shortening. Further, there is nothing to obviate the tendency to external rotation, and other serious objections might be named.

The Desault splint, which used to be much in vogue in Guy's, is a long outside splint with a side foot-piece—in fact a long "Cline." It is always employed with an active extending force of a weight over the end of the bed, attached by the usual stirrup to the limb. The advantage it possesses over the Liston is mainly in the supporting foot-piece, preventing the foot falling outwards, and we have here added to this, by attaching a short cross-piece of wood just by the foot-piece which rests on the bed, and effectually prevents outward rotation.

Used thus it is a most efficient and simple splint, and with similar "live" extension the Liston is very good too, but both fall short of the ideal splint in this particular, that so much of the extending force is lost by the friction of the limb on the bed, and this cannot be made good altogether by merely adding more weight, since there is a distinct limit to the pull that a stirrup, as usually attached to the limb, will bear without slipping. We find nine to twelve pounds about as much as can be borne, and all this is not expended on extending the fracture, for the reason just given, but were the leg free of all friction, the total extending force would tell entirely on the injured parts. This freedom from friction is attainable in the Hodgen.

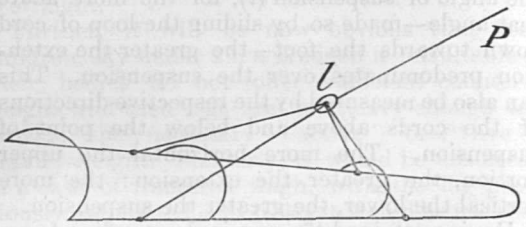
Dr. Hodgen, of St. Louis, U.S.A., introduced his splint nearly forty years ago, and the late Mr. Davies-Colley brought it to Guy's in the early Seventies from the Seamen's Hospital at Greenwich. On August 28th, 1879, Dr. Hodgen himself visited Guy's, and in the old Chemical Theatre gave an explanatory demonstration of his apparatus; and my own interest in the subject was much quickened some years ago by my unexpectedly lighting upon some notes that I made myself on that occasion.

(A demonstration of the splint was now given. The description following is, in part, taken from an account of it published in the GAZETTE some years ago.)

Fix an upright pole or support to the foot of the patient's bed, in a line with the injured limb, and extending about four feet above the bed level, and near the top let there be a pulley through which a cord can run from the splint. The other end of the cord is fastened to a cleat low down on the post when the necessary extension has been obtained.

The splint or trough is made of stout iron wire or fine iron rod; it must be quite rigid, and is in the form of the letter U, the outer limb reaching from the anterior iliac spine to three inches below the sole; the inner, from the tendon of the adductor longus to the same point below the foot, where the two bars join to form the bottom of the U, and are about three inches apart. The sides are not parallel, but taper together from above downwards, so that at any point of the limb the bars are about three-quarters of an inch further apart than the diameter of the limb at that point. At the top the two bars are joined on their upper side by an arch of the same wire; and at two other points equi-distant down the splint. At the part which will correspond to the knee the splint is bent to an angle of about 130° if the fracture is in the middle, but to a smaller angle in case of supra-condyloid fracture, or if one just below the trochanter minor. The inner limb of the splint it will be seen is rather shorter than the outer; and so the top arch that

unites them is obliquely situated, and lies over and in the same direction as Poupart's ligament.




(Splint is here shown straight.)

Before applying the splint a stirrup must be attached to the limb in the usual way, and whenever possible the stirrup should be carried above the knee.

A strip of house-flannel must now be provided, about seven inches in width, and be cut up into lengths rather longer than the circumference of the limb opposite the point at which each will be attached. They are applied in the following manner:—The injured limb being raised, slip beneath it the various lengths of flannel, in succession, so that each shall lie at right angles to the axis of the limb, on the bed, and overlap the strips above and below; the highest is at the gluteal fold and the lowest at the ankle, and the leg on now being put down on the bed lies on a succession of flannel lengths.

The splint is then adjusted to the limb, so that the top of the outer bar is over the anterior superior iliac spine, and that of the inner over the origin of the adductor longus muscle; the bottom of the splint is supported below, but on a level with the instep. Thus arranged, it will be seen that the bar on either side is nearly on a level with the front of the thigh and leg, whilst the arches of wire that unite them are about one and a half inches above the limb.

The inner and outer ends of the various strips of flannel are now raised in succession, and being lapped over the bars are pinned or stitched there; and when this has been done the limb is lying in a flannel trough, the top edge of which is the wire on each side, and it is of such a depth that the limb only just projects above its edge. It is most important that this relative position of the trough and limb should be maintained, otherwise when the limb comes to be slung on the slant, the top arch of wire will press upon Poupart's ligament, whereas it should be free of it by quite an inch; and further, the more the limb is enveloped by the flannel the greater the friction between the two—an important item, as will be presently seen.

If preferred, the flannel can be fastened to the splint, so as to form the trough in which the limb shall lie, and the limb be slid into it; and this is perhaps the more usual plan.

The short cord already mentioned as attached to the stirrup is now securely tied to the end of the wire splint, and the upright post before described is put in position, if this has not already been done.

Fix now to the outside bar, midway between the top and the knee, and midway between the knee and foot respectively (*vide* Fig.) the two ends of a piece of stout cord—(there are hooks soldered on for the purpose)—of such length that if the finger were put into the loop thus formed it would, if lifted, hold the cord some six or eight inches above the limb; do the same on the inner side, and into the two loops thus formed and brought together over the limb (*l*), slip the end of the cord from the upright post, and tie it in a loop that can slide on the two cords which come from the splint.

On now making the single cord from the post taut, the limb will be lifted from the bed in an oblique position until the foot rides free from the bed some ten inches or more, and the uppermost of the flannel strips that is against the gluteal fold is just clear of the bed.

It is, however, necessary that the angle at *l* in the figure made by the cords proceeding from the trough or splint should be capable of variation, and this can be brought about in different ways. We can either arrange so that the single cord from the post can be heightened and lowered, and thus the angle at *l* increased or decreased; or we can slide the loop which encircles the two pieces of cord attached to the splint, forwards or backwards, until the required angle is obtained, and then fasten the loop at that spot by whipping a piece of string or tape round it. In practice it is well to be able to do both; and to render the angular adjustment still more fine, we sometimes put into each piece of the cord from each side of the splint, above and below where it is looped into the cord from the post, a running cleat—four cleats in all—and thus to a nicety adjust the lengths of the several parts of the two splint cords, and so vary the angle, and with it the suspension or extension of the limb as required. This, however, was not the original plan of Hodgen; he employed the second method given. I think the first and second combined are to be preferred.

If everything has been properly carried out, the limb should be swinging freely in its trough, and such extension should be exerted, and in

such a direction that the fracture of the femur is perfectly adapted, and all fear of movement at the fracture removed, since the limb now swings easily and freely at the hip-joint.

It is quite possible to measure accurately the length of the injured femur, and to compare it with the sound one, provided the latter is bent up for the moment to the same angle.

The action of the aparatus will be now made clear by the following considerations: In the first place, the thigh is carried flexed on the body, whilst the knee, too, is bent; thus muscular relaxation is as far as possible assured.

The tension on the single cord coming from the post to the cords on the splint depends upon the pull the surgeon chooses to exert when he first raises the limb off the bed, as above described. The limit to this tension or pull is clearly defined by the ability of the patient to bear it; by the adhesion of the stirrup to the limb; and by the counter-weight of the patient's body—in practice the two former would assert themselves before the patient was pulled down the bed; and therefore the surgeon must use his judgment. As a matter of fact, experience shows that such a pull as will lift the foot some ten inches or so high suffices. The effective tension telling on the fracture can be judged by the tightness of the short end proceeding from the stirrup to the U-shaped end of the splint, and the common test applied is to pluck it with the finger and note the sound it gives; it should emit if not a "musical" note, yet a decided "twang." The late Mr. Davies-Colley introduced once a dynamometer between the foot and the splint, and registered twelve pounds as the tension in the case of an adult man he was treating.

Again, the cord from the post represents the resultant of two forces, which in their turn are represented by the cords on either side of the point of suspension (*l*), as a consideration of the parallelogram of forces will at once show. But without any mathematics it is equally evident that if the point of suspension were equidistant between the points of attachment of the cords above and below the knee, and the suspension angle (*l*) 90°, the tension in each would be the same; or, in other words, the tension on the cord coming from the thigh, which represents the *extending* force would be equal to that on the cord from the leg which represents the *suspending* force.

Hence, since the extension must far exceed the suspension to be of service in overcoming muscular contraction, the pull exerted on the cord by the surgeon in the first instance must be so distributed that this result may be brought about. And now we see the reason for altering the angle of suspension (*l*), for the more acute that angle—made so by sliding the loop of cord down towards the foot—the greater the extension predominates over the suspension. This can also be measured by the respective directions of the cords above and below the point of suspension. The more horizontal the upper portion, the greater the extension; the more vertical the lower, the greater the suspension.

Having attained the required extending force, the sliding loop is fixed by a piece of tape tied round it.

It might appear that all this but represents the passive force I already have shown to be insufficient in the treatment of fractures, but this is not so; for the weight of the leg itself, as it swings free of the bed, is a constant, live or and active pull—a part of the total tension on the cord attached to the post—acting by gravity, and ready at all times to meet the varying degrees of muscular contraction that constantly arise. Hence, the heavier the leg below the knee, the greater is the pull upon the fracture above, and at times leaden weights have been placed on the leg with this object; but I do not recommend the plan, nor is it necessary. To be satisfied now that all is working efficiently, the hand must be passed up behind the flannel trough to feel that each strip is equally taut and well fitting, especially at and above the fracture, and the foot must be placed in its normal position and not rotated outwards. There is very little tendency to rotation with this splint, since the limb is so snugly clasped by the flannel trough that a dresser rarely finds it necessary to throw a loop of bandage round the toes and fasten it to the wire of the splint to keep the foot upright.

Until one is accustomed to the splint, a troublesome circumstance sometimes arises. It is, when all seems in perfect order, the patient complains of the top arch of the trough pressing on the thigh just at Poupart's ligament, and he pushes his handkerchief under it to save his skin. The fault is often twofold; one thing is, that the upper flannel strips are too short, the other that the upper cord (from the thigh) is too horizontal, and the whole limb raised up too high; the remedy therefore, is obvious.

It will be noted that the extension of the limb is entirely through the medium of the splint to which the stirrup is attached, but all the strain does not actually come on the stirrup, provided the knee is sufficiently bent. For the more the knee is bent the greater is the friction of the

flannel against the calf; hence there is less tendency for the stirrup to slip with a Hodgen than with some other forms of splint, where the limb is straight.

Further, it will be now obvious that for children, say under 12, a Hodgen is unsuitable; their bodies do not offer sufficient counterweight, and their legs are not heavy enough to provide the necessary "active" or "live" gravity-weight. Similarly, it would be unsuited in a case of fractured thigh, with the leg previously amputated, and lastly it would be useless if the hip were anchylosed, as then the movement would be at the fracture instead of at the joint.

In *supracondyloid fracture*, unless the method of extreme flexion is adopted, the Hodgen answers well, the wire trough at the knee being bent quite to a right angle; and in *fractures about the neck*, especially in old people, it makes a most comfortable swing for the limb to lie in, the surgeon, of course, exercising his judgment as to the amount of extension he would employ, generally only enough to check muscular spasm.

Tendency to slip down in bed is best met by placing edgewise across the bed, *under the mattress*, a length of board, four inches high, just at the buttock level; against the ridge thus formed the buttocks impinge. This simple piece of very effective apparatus is made by taking two boards four inches wide and erecting one at right angles to the surface or plane of the other, so a section of the two when fastened together is that of the letter T placed upside down.

I have looked over the reports of our cases of fracture of the shaft of the femur since January, 1903, and find we have had twenty-three in all, of ages varying from three months to 76 years. Of these, only seven were suitable for a Hodgen, eleven being in children and the remaining five for special reasons were treated differently. Of the seven, it is unfortunate that actual measurements are only recorded in two on their discharge. In one, æt 54, there was no shortening, in the other, æt. 55, there was half an inch shortening, but this man fell and re-fractured his thigh on first getting up, and so had two separate periods of Hodgen's splint of six weeks each. In the remaining five cases the results are merely recorded as "cured," "quite satisfactory," and so on; hence I cannot from these claim that the Hodgen is superior to other splints in preventing shortening. That, however, it is so, a long experience of it has taught me; but even if this were not the case, yet its other advantages, which I have already mentioned, and which I will now summarize, suffice to convince me that it is the best of the mechanical appliances which we possess for treating all fractures of the femur after childhood with the possible exception of those immediately above the condyles.

The special advantages of the "Hodgen" are:—

1. The necessary movements of the body for nursing purposes do not interfere with the fracture, as the limb hangs free at the frictionless hip-joint.

2. All the extending force is utilized; none is lost by friction from the limb lying on the bed, as is the case with the various outside long splints.

3. Flexion of hip and knee relaxes both the extensors of the thigh and the hamstrings, whilst by a fuller flexion at the hip, adjustment may be obtained when the upper fragment is tilted by the psoas muscle, in fracture below the lower trochanter.

4. The patient need not be left lying flat and extended; it helps rather than hinders that he should assume a more or less sitting position. This is especially of value in old people.

## Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Wednesdays, January 25th and February 1st, 1.30 p.m., Clinical Surgery, by Mr. Jacobson.

Thursdays, January 26th and February 2nd, 4 p.m., Clinical Medicine, by Dr. Newton Pitt.

Monday, January 23rd, 1.15 p.m., lecture by Sir Cooper Perry.

Monday, January 30th, 1.15 p.m., lecture by Mr. Targett.

## Pupils' Physical Society.

The seventh meeting of the session was held in the Smoking-room of the College on Saturday, January 14th, at 8 o'clock. Mr. H. C. Cameron presided. Mr. K. H. Digby read a well-reasoned and lucid paper upon "The Evolution of Mind." A discussion took place in which the following members joined:—Dr. Forsyth, Messrs. Heasman, Knight, Stevenson, A. R. Thompson, Stebbing, and the Secretary. The meeting adjourned at 10 o'clock.

The next meeting of the Society will take place in the College on January 28th, at 8 o'clock p.m., when Mr. R. G. Anderson will read a paper on "Thrombosis and Embolism as complications of Surgical Operations." The chair will be taken by Mr. F. W. Morton Palmer.

## An Interesting Obstetric Case.

WILL you kindly find room for the following case in your next issue?

Mrs. O., æt. 28, slightly obese, florid and dark-haired. Being near the calculated time of her second labour, she had a premature escape of liq. amnii at 4 a.m. on the 4th January, 1905. At 10 a.m. I was called, when she had very slight pains and discharge of blood-stained fluid and clots.

On examination, I found that a considerable loop of funis had escaped into the vagina. Having placed the patient in the knee-chest position, I returned the loop of funis by hand, pushing it well up beyond the presenting part where it remained out of reach during the rest of the labour.

At the same time I made a discovery. Just inside the os could be felt the lower edge of the placenta, and the insertion of the funis could be made out at its lowest part. The presentation was by the head (right occipito anterior, as proved by the rotation of the head at birth).

At 4.30 p.m., a fœtal movement by kicking was observed simultaneously by myself and the mother, but a prolonged auscultation failed to get the fœtal heart. The child, a good sized male, was born dead at 8.30 p.m., though its death had taken place some time previously, as the head and neck were purplish in colour, and there was a discoloured sanious discharge issuing from nostrils and mouth.

The placenta was of the battledore type, a perfect specimen. The insertion of the funis occupied the lowest position, and during labour must have been pressed on at every pain, especially in the later series. The case is instructive, as showing how our best modes of treatment are at times frustrated. When examining with the hand in the early stage, the os readily yielded, and I could have turned under chloroform. The question arises, would this have given the fœtus any greater security?—I fear not. A Cæsarian section would have saved the child if done early, though perhaps not.

The fœtus appears to have been put to oriental suffocation, each pain bringing its privations of oxygen until the fatal moment.

G. J. B. STEVENS.

## Change of Address.

Mr. T. Vernon, L.D.S., from 55, Elm Grove, Southsea, to Blanthorne Lodge, 100, Herne Hill, S.E.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

### Nurses' and Students' Choral Concert.

DEAR MR. EDITOR,—When I find a presuming musical critic so lacking of appreciation of good music as to describe "Non nobis domine" as "a lugubrious" composition, and "acting as a wet blanket," &c., I think the remainder of the notice of the concert may be taken for what it is worth.

May I venture to remind your musical critic that waltz music is usually written in *triple* time. "Sweet and Low" is in *duple* time; also, the composition was not written as a doleful, but a cheerful lullaby. Barnby marked the time at quaver 100; it was sung by the choir 10 deg. slower.

Pinsuti's part song "In this hour," was also intended as a *fervent*, not a *despairing* lover's serenade.

Without doubt your musical critic did not hear the words, or he would have been differently impressed. Was it a physical defect?

With many apologies, and asking the favour of your inserting the above in your next issue.

I am, Dear Mr. Editor, Yours faithfully,
HENRY TAYLOR (Conductor).

DEAR MR. EDITOR,—May I crave a small space in your Journal to reply to Mr. Taylor's letter on the report of the Nurses' and Students' Choral Concert, which report appeared in your issue of Dec. 24th, 1904? I am described as a "presuming musical critic, lacking appreciation of good music," but I will let that pass.

It was not as a composition that I described the canon "Non nobis domine," "lugubrious," but as compared with the rest of the programme, and I reiterate that it did act as a wet blanket on the audience, and its introduction as the opening number of a programme of entirely secular music, was to my mind, a mistake. With regard to "Sweet and Low," I can only say that, having had the privilege of the late Sir J. Barnby's personal direction in the work, I am qualified to state that Mr. Taylor's and the late composer's interpretations of the work vary considerably. I quite agree with Mr. Taylor that Pinsuti's part song "In this hour," is intended as a *fervent* and not *despairing* lover's serenade; why then was it not taken at a pace that would bring out the fervency the composer intended?

With regard to the words, I can only say, that knowing them by heart, and having no "physical defect," and being moreover an Englishman, I did think that I should have heard a few syllables in the mother tongue.

With apologies for trespassing on your space, and thanks in anticipation.—I am, yours truly,
YOUR MUSICAL CRITIC.

# Typical Cases of Overcrowding of the Teeth.

DENTAL CLINICAL LECTURE

BY Mr. W. A. MAGGS, November 17th, 1904.

CASE 1.—*Models show small jaws, and teeth normally developed and unaffected by caries.*

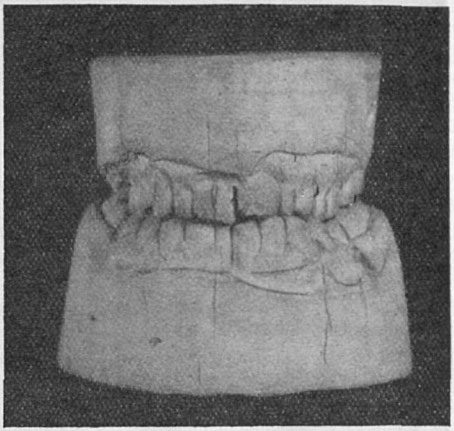
The right upper second premolar and the left canine being inside the alveolar arch constitute the overcrowding.

CASE 1.—(i.) Showing upper and lower teeth, with models open.

The maxillæ are V-shaped and very small, the measurement from the palatal surfaces of the first molars from side to side being three-quarters of an inch. The mandible is larger, the measurement from the lingual surfaces of the second molars from side to side being an inch and a quarter.

A glance at the lower model shows that the first permanent molars having been removed, no further treatment is needed, as the teeth are regular and not crowded.

It is quite clear that an upper expanding plate is not indicated, inasmuch as the buccal cusps of the upper premolars and molars bite outside those of the corresponding lower teeth. Upon taking into consideration the crowding of the teeth on the right maxilla, it is apparent that the extraction of either the second premolar or of the first molar will relieve it. Whilst much may be said in favour of the removal of the molar on account of the loss of the corresponding mandibular tooth, I should strongly advise in preference the extraction of the second premolar, as this latter treatment does away with the necessity of a regulation plate.

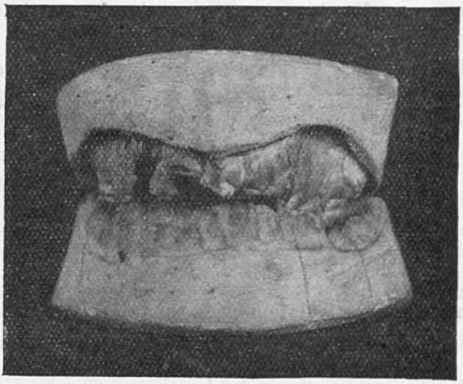


CASE 1.—(ii.) Upper and lower teeth articulated.

Turning one's attention to the left maxilla, the same argument applies as to the non-removal of the first molar, and I should advise the extraction of the left canine—the misplaced tooth on this side.

It may be noted that the left upper central is shorter and more outstanding than its fellow, but it is more than probable that these defects will remedy themselves. The left upper lateral is caniniform and rudimentary.

CASE 2.—*Models show small jaws, high palate, open bite, hypoplastic teeth, and carious first molars.*

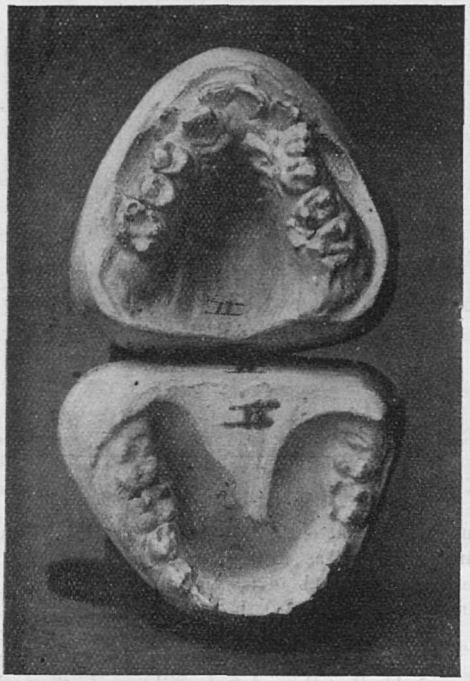


CASE 2.—(i.) Upper and lower articulated.

The crowding of the upper six front teeth, and their non-occlusion with the corresponding lowers (open bite), constitute the deformity.

The removal of all the first molars—symmetrical extraction—is indicated, inasmuch as they are hypoplastic and badly decayed, all the other teeth being free

from caries. The right upper canine will probably erupt in good position as soon as the pressure is removed by the extraction of the first molar on that side.



CASE 2.—(ii.) Showing instanding upper premolars.

An expansion plate must be worn to push out the left upper canine and premolars, as these teeth, biting inside the corresponding lower ones, are useless for mastication.

Left upper and lower premolar. Buccal cusp of upper biting inside buccal cusp of lower tooth.

The normal articulation being thus shown—

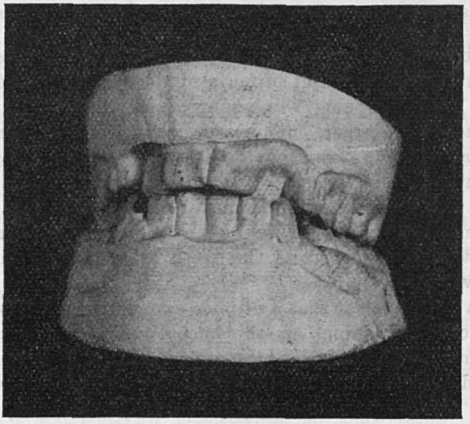
Buccal cusp of left upper and lower premolar.

The open bite had best remain untreated, for the following reasons:—The deformity is not great, will tend to improve, and treatment by mechanical means is not satisfactory.

CASE 3.—*Models show normal jaws, instanding upper laterals, and locked bite.*

CASE 3.—(i.) Showing loss of lower first premolars.

In this case the mandibular first premolars have alone been removed, and the models, when articulated, show



CASE 3.—(ii.) Upper and lower articulated, showing instanding upper laterals.

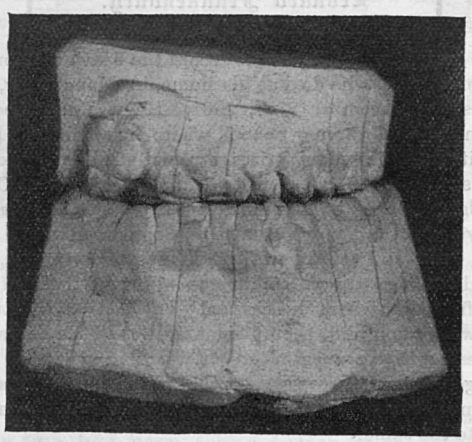
that no improvement can be expected from the treatment so far adopted.

The first thing to do is to unlock the bite by removing the corresponding teeth in the maxillæ, namely, the first premolars. This having been done, the canines on both sides will travel backwards, and the second premolars and the molars forwards, following in each case the lines of least resistance.

The upper laterals can be pushed forwards by means of a plate, but it is best to carry out this procedure some six months after the extraction of the upper premolars, by which time the canines will have moved backwards. The object of the postponement of the insertion of a regulation plate is to secure space between the upper centrals and canines for the laterals to be easily pushed outside the lower teeth.

There is no further indication for treatment, otherwise than by filling any carious cavities that exist.

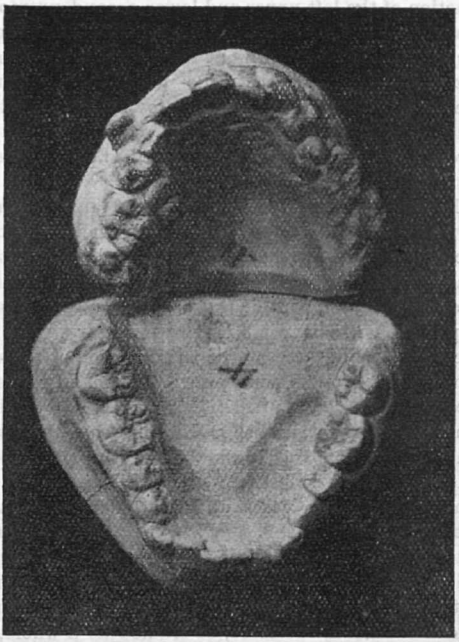
CASE 4.—*Models show jaws fairly normal, teeth large and unaffected by caries.*



CASE 4.—(i.) Upper and lower articulated, showing instanding right upper lateral and outstanding canine of same side.

The right upper canine erupting high up and outside the regular arch, and the right second upper premolar being inside the alveolar arch constitute the overcrowding. The chief peculiarity of this case is that the crowding is almost entirely confined to the right side of the upper jaw.

In dealing with this irregularity the question arises as to which tooth should be removed, the right upper outstanding canine, or the tooth in front (the lateral), or that situated posteriorily (the first premolar).



CASE 4.—(ii.) Showing models of upper and lower teeth.

The lateral certainly must not be extracted as the direction of the root of the canine is looking backwards, thus—

and as the tooth would swing on its axis the direction of the root for any benefit to be obtained by the removal of the lateral should be—

If the first premolar were removed the tendency would be for the canine to get into its place, but it would be a slow process and one necessitating the use of a regulation plate.

Therefore, as the canine is much misplaced and high up I should recommend its removal, although contrary to the usual practice, for the canine is the most valuable tooth in determining the expression of a person, and its loss may occasion some flattening of the muscles on that side of the face.

The right upper second premolar being well within the arch must be extracted, and as there is some crowding

above and below on the left side I should advise the extraction of the left upper and lower second premolars.

Finally, after the removal of the right upper canine it will not be difficult to push out the lateral on that side.

GENERAL CONCLUSIONS.—The four cases discussed represent common forms of overcrowding of the teeth met with in practice. Each case requires to be considered upon its merits, and no hard and fast lines of treatment can be adopted.

When asked to give an opinion upon any regulation case it is advisable to take models of the jaws, noting the condition and quality of the teeth, the amount and situation of caries, if any, present, and to give a careful and deliberate judgment of the case at a second visit of the patient. A skiagraph may be necessary, that is, if there are unerupted teeth or if the direction of the roots of those being erupted is uncertain. It not infrequently happens that a young practitioner gives a hasty opinion upon the treatment, and should he subsequently swerve from his opinion the confidence of the patient and friends is liable to be lost.

The age of all the cases under consideration is about fourteen years, and this age is generally the best for treatment, inasmuch as all the permanent teeth, excepting the wisdoms, are usually erupted by this time. and the jaws for all practical purposes are fully formed. The dentition can, therefore, be studied as a whole, and should a regulation plate be necessary the teeth can be more easily moved than at a later period of life, as the alveolar process only loosely embraces the roots of the teeth.

Some irregularities can be undertaken earlier, such, or example, as the case of an upper incisor erupting inside a lower, and should this occur at eight, nine or ten years of age it should be dealt with immediately, for the condition will never right itself, and the regulation can be easily done, and will not interfere with any later treatment that may be needed.

The main point in all cases of overcrowding is in regard to the advisability of extraction of teeth, or their regulation by means of plates, or by the immediate treatment of alveolotomy. As a broad, general rule, extraction is preferable, other things being equal, as it does away with the necessity of plates.

Extractions are particularly indicated when teeth are badly decayed, and when by their removal the overcrowding is relieved (Case 2). Symmetrical extraction is recommended when the bite thereby becomes unlocked (Case 3), and it also has the advantage of preserving the symmetry of the teeth on both sides of the front of the mouth, a matter of some artistic importance.

The appearance of a patient with small jaws and features is not improved by pushing the teeth outwards, so that they stand obliquely. Again, overcrowding of the teeth is the most common cause of caries, and relief should be given to this condition by extraction if possible, so that the teeth being relieved from pressure may be more easily kept clean, not only by the natural agencies of the tongue, lips, and cheeks, but also by the toothbrush.

Further, mechanical appliances tend to the lodgment of particles of food between the teeth and the plate consequently leading to caries, and it cannot be expected that children will take the scrupulous pains necessary to prevent it. Undoubtedly some cases of irregularity, relieved by plates, show ill effects later in life, when the teeth which have been regulated become loose, elongated or discoloured.

When extractions are contra-indicated, and in other cases where misplaced or carious teeth have been extracted, and further treatment is needed, regulation plates become a necessity (Cases 2 and 3).

Many cases of overcrowding, especially when connected with small jaws and vaulted palates, are associated with enlarged tonsils and adenoids (as suggested by Cases 1 and 2), and it behoves the dental surgeon to recognize such conditions, and to refer the patient to the regular medical practitioner for treatment.

## Obituary.

### Leonard Frankenburg.

WE greatly regret to have to record the death of Leonard Frankenburg, who died at his home in Manchester, on Tuesday, December 27th, 1904. He was educated at Manchester Grammar School, where he reached a high position, taking many prizes, especially in the subject of physics. In 1897, he went to Emmanuel College, Cambridge, and took honours in Natural Science, coming to Guy's as a third year's student in September, 1901.

A keen and steady worker in his appointments, his good qualities always commended him to those of the Staff under whom he worked; but later, misfortunes crowded upon him, beginning at the time when he was an extern, with a corneal ulcer, for which a somewhat prolonged rest was necessary, so that when he returned he seemed to have lost touch with his work and was never quite the same.

Always putting a brave face on his misfortunes, his levity was perhaps often mistaken for an indifference which those who were intimate knew to be assumed.

He played Association for the Hospital team during all the time he was up here, and will be greatly missed in the field where steadiness and a sportsmanlike method always characterized his play.

He had been suffering from gastric trouble for a long time, and this, probably aggravated by a touch of malaria which he contracted at New Orleans last summer, never properly treated, seems to have increased during the winter.

A few days before Christmas he returned to his brother's house, arriving in a collapsed state.

He was taken home, and died of gastro-enteritis after a week of great suffering.

# Health Hints
OR
# Hygiene for the Home.

*[These notes are specially prepared for the* GAZETTE *by an ex-L.R.C.S. by exam., who will be pleased to treat patients by correspondence on receipt of a statement of their symptoms, a stamped envelope, and a postal order for two-and-six.]*

### CARE OF THE TEETH.

The principal function of the teeth is the mastication of the food, though in emergencies they may be used as weapons of defence. If neglected they become weapons of offence. Great care should therefore be taken to preserve them. They should be washed at least three times a year. Neglect of this simple precaution may lead to caries, which is well known as a frequent cause of decay. The mouth should be rinsed with water (obtained from the tap, cistern or main), and the teeth should then be rubbed with a small piece of sand-paper. Do not rub too vigorously for fear of spoiling the sand-paper. A little chloride of lime added to the water will be found soothing and refreshing.

### INDIGESTION.

The foundations of this troublesome complaint are often laid in infancy. Mothers frequently neglect to teach their infants to masticate their food, and especially is this the case with bottle-fed babies. If babies are given pork for tea a little pepsin should always be added. The late Mr. Gladstone was accustomed to bite each mouthful thirty-two times. Many eminent scientists have considered that forty bites was the correct physiological number, but practically thirty-two has been found better as it enables you to finish lunch in time to sit down to dinner.

### A NEW OPERATION.

Amongst the triumphs of modern surgery is an operation recently introduced by a well-known London surgeon. Observing that the parrot has no large intestine and very seldom suffers from appendicitis, he proposes to remove the large intestine of all male children. So far the results have been brilliant, and the operation is said to be a certain cure for adenoids.

### RHEUMATISM.

Those who suffer from this malady should be careful not to use too much water in the bath. The clothing should be suitable to the season, and the diet should consist mainly of proteids, carbohydrates and fats, with water and salts added according to taste. Benefit will be derived from taking a course of the Swedish exercises devised by Dr. Mangel Worsel, the eminent Swede.

### TYPHOID FEVER.

This is an infectious disease, very prevalent among those who keep oysters. The symptoms are head-ache, pink spots, and a tired feeling on getting up in the morning. Sufferers should avoid heavy lifting, going upstairs too quickly and sudden excitement. It is also very important to take the meals at regular hours. By way of medicine there is nothing to equal B-trichlor-hydrosyacetylamidophenoline. This preparation has been so successful, that in the short time since its introduction it has become quite a household word. Many imitations are on the market, so you should be careful when purchasing not to be put off with some worthless drug with a similar name. One of the complications of typhoid fever is perforation of the intestine. Should this occur it would be as well to see a doctor.

A. A. M.

# Appointments.

## Civil.

CLATWORTHY, J. H., M.B. Lond., M.R.C.S., L.R.C.P., has been appointed House-Surgeon to St. John's Hospital, Lewisham.

ROBINSON, J. F., F.R.C.S. Eng., has been appointed Honorary Surgeon to the Out-patients' Department of the General Hospital, Croydon.

## University of Leeds.

The following appointments to external examinerships in the Faculty of Medicine have been made by the Council:—

*Medicine.*—G. NEWTON PITT, M.D. Cantab., F.R.C.P. Lond.

*Midwifery and Gynæcology.*—PETER HORROCKS, M.D. Lond., F.R.C.P. Lond.

*Mental Diseases.*—G. NEWTON PITT, M.D. Cantab., F.R.C.P. Lond.

*Medical Jurisprudence.*—Sir THOMAS STEVENSON, M.D. Lond., F.R.C.P. Lond.

## "The Confessions of an English Doctor."

CONFESSIONS, whether those of a Rousseau or a ballet-girl, have always possessed a strange, almost morbid, fascination for humanity. This may be the outcome of an ingrained love of getting behind the scenes. For everyone, from the expectant child at the pantomime to the older philosopher standing before Nature's great drama of life, craves a peep behind the stage. But if the title of this book leads would-be readers to expect their appetite to be whetted by "horrible revelations," they are doomed to disappointment. Unlike its Russian forerunner, this book contains no soul-searchings, nor does the author lay bare what the lady novelist calls a "nude soul." True, he tells us he commenced practice by borrowing five pounds with which to pay for lodgings; that he washed his own kitchen floor; that "I used to answer my own front door-bell, explaining cheerfully that neither my housemaid nor any servant was available at the moment." In appearance, the writer tells us, he was "decidedly attractive from the ladies' point of view," so perhaps we must forgive the jaunty saucy maid "dwelling in a somewhat 'fast' area" from trying to win him with a pain in her chest. But beyond this, and telling us at least once in every chapter that he has been eminently successful, his personal confessions do not go. However, he squanders advice, good, bad, and indifferent, with a lavish hand—no detail is too insignificant for him. In a chapter reminiscent of "Clothes and the Man" we read "darkish grays, growing darker to black, should be the colour most worn," on another page we learn "black boots should be worn—never brown." Let the wearer of patent boots be on his guard, lest the public thinks, "he does not want the expense of a boot-cleaning boy."

Again, all medical men are strongly advised "to go to a good hatter and have the shape of their heads taken by a block arrangement,"—for the sake of his less prosperous brethren the author is good enough to add that this process is "free of charge in most instances."

The doctor who drives at breakneck pace through the town, with the groom holding on to the seat so that people may think he has urgent calls, must be wary lest an opponent, following on a bicycle, should discover him in a bye-lane giving his horses breath again. The doctor who would ingratiate himself with the young mother by trifling with her child's bead bangle, must be careful not to take the latter away with him, saying that he would "keep it in the pocket nearest his heart," lest the mother think him "silly" and the child cry for the departed toy. When sending out "At Home" cards at Christmas, so friends may see how generous your patients have been to you in the matter of presents, be careful to vary the latter from year to year, lest suspicions become aroused, as in the case of the doctor who annually exhibited a Christmas tree hung with sovereigns, as a gift from a grateful patient.

We may be paying this book too great a compliment by taking it seriously, when perhaps all along, the author has been writing with his tongue in his cheek. But a book is never so foolish that it cannot be dangerous. The standard of success set up and the means of attaining thereto are more worthy of a third-rate tradesman or a cheap-jack, than of a profession that flatters itself on being one of the noblest in the land. Throughout, purity of motive and merit take a back seat. It is humbug, pretentious show, "put on" faces that we must rely on. One of the "Secrets of Success" is to "closely observe the tactics of religionists . . . . any medical man would be excused if he followed them as regards the degree of theatricalism, finesse, or impressionism." "It would seem that the doctor has as much right to make some ceremony over examining the chest as a parson has over administering sacrament." But let the amateur take warning not to overdo it, "the degree that the Salvation Army cultivates need hardly be emulated,"—there are such things as jealous rivals and Ethical Committees. To give the author his due, after writing the above he seems half ashamed of himself, but let it pass. "Humbug is, after all, a valuable therapeutic agent . . . and it helps to make money." Besides serving as models of "Bunkum" the clergy make useful friends, for "no class of men have more influence either for or against the general practitioner." This is mentioned "particularly for the guidance" of the young practitioner.

The oft-repeated statement that "doctors are the children of the public," is the humiliating sophistry with which he would justify this apotheosis of humbug. The profession has been long enough dragged in the wake of public opinion. The time has now come for it to throw off the yoke rather than to pander to it in this weak-kneed fashion. After reading such a book as this can we wonder if the average layman begins to lose all confidence in the profession?

J. A. H.

## Pass List.

SECOND CONJOINT EXAMINATION, JANUARY, 1905.

M. E. Ball, W. W. Cook, L. Croft, B. H. Palmer, L. L. C. Reynolds, D. C. Roberts, L. D. Stamp, G. F. Syms, C. Weller.

FIRST CONJOINT EXAMINATION, JANUARY, 1905.

CHEMISTRY AND PHYSICS.—E. Barnett, T. F. Brown, A. E. P. Cheesman, D. C. Druitt, H. N. Eccles, M. M. Munden, H. C. Pugh, R. Redpath, C. G. Sprague.

PRACTICAL PHARMACY.—L. Doudney, J. A. C. Greene, A. V. Ledger, R. P. Lewis, N. H. Oliver, W. Reeve.

ELEMENTARY BIOLOGY.—A. E. P. Cheesman, F. C. Endean, G. Packham, C. E. Whelon.

## Papers by Guy's Men.

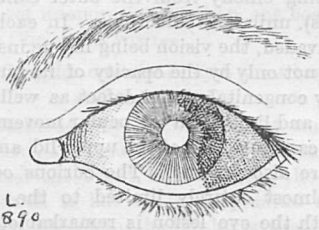
A Case of Congenital Stenosis of the Lower End of the Œsophagus; with remarks (under the care of Dr. T. R. C. Whipham and Mr. C. H. Fagge). Illustrated.—*Lancet*, 7th January, 1905.

# Two Cases of Orbital Dermoid.

CASE No. I.

A. L., an undersized boy, 15 years of age, of average intelligence and ability. There are eight other children in the family, none of whom are malformed or unhealthy.

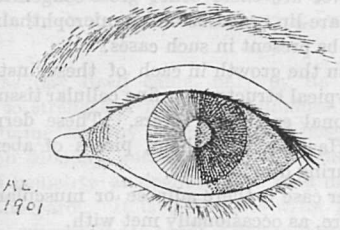
Previous history.—Patient was admitted in 1890, when three months old, suffering from "a fleshy tumour of the left eye," which had existed ever since birth. It covered the outer half of the sclerotic as a pink, oval plaque, and overspread the margin of the cornea, to which it was intimately adherent, though freely movable elsewhere.




The child was kept under observation for three years, at the end of which time, as the mass continued to increase in size, it was excised in 1893.

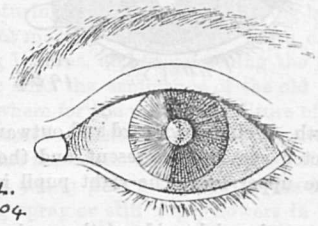
*Patient was re-admitted in 1897*, the tumour having gradually recurred since the first operation. It was, therefore, once more removed in part, the left internal rectus muscle being at the same time divided in order to correct some existing convergent strabismus.

*In 1901 the child was again admitted*, the growth having reappeared and advanced over the whole external and upper surface of the eye, the outer half of the cornea being completely covered and opaque, allowing only of vision in the temporal part of the field.




The sight of his left eye was defective, that of the right being a good $\frac{6}{6}$, its position had, however, remained normal since the tenotomy of 1897. The growth was again freely excised.

*Patient's present condition* on admission in December, 1904. The dermoid has steadily increased in area, now covering the whole outer and upper surface of the globe, advancing over a considerable portion of the cornea in a crescentic manner, and invading its pupillary area. It is of a yellow-pink colour, vascular, faintly lobulated, and freely movable, except over the cornea, with which it is intimately blended.




The two lids are mechanically separated by the tumour and considerable deformity results. The occular movements on the left side are hampered, and there is some divergence of the eye due to the unopposed action of the external rectus muscle, the internal having been divided in 1897. The patient's vision is limited solely to the temporal side of the field, being very defective even here, since he can only count fingers at the distance of six feet. The sight of the right eye is perfect—$\frac{6}{6}$, the cornea, however, being slightly invaded by three small yellow opacities—above and on either side—probably also dermoid in origin.

There is a patch of alopecia about the size of a five-shilling piece, with some thickening of the subjacent scalp, situated to the left of the middle line in the centre of the calvarium, and two other areas of partial alopecia, one in the left occipital, the other in the left temporal region above and in front of the ear. There are no signs of papillary growth or further congenital defect elsewhere. A large portion of the dermoid was cut out under A.C.E.—the edges of the conjunctival wound being sutured—considerable improvement resulted, and the patient was discharged after an uninterrupted recovery.

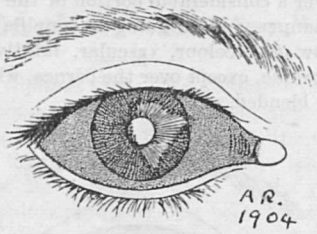
CASE No. II.

*A. R., a girl, aged 11. Admitted November, 1904*, for a tumour of the right eye which has existed since birth, gradually increasing in size as age advances.

The patient, one of a family of six healthy children, is undersized for her age, and has always been subject to frequent epileptic seizures since infancy. Her mental capacity is defective, she is mischievous, stupid and morose.

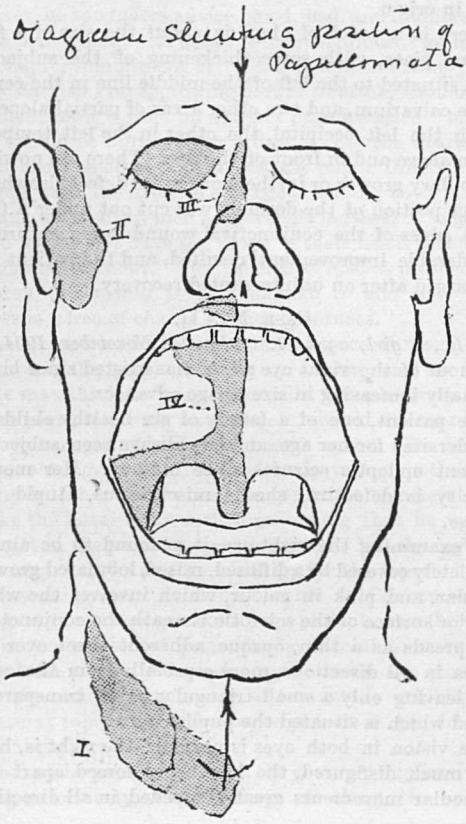
On examining the right eye, it is found to be almost completely covered by a diffused, raised, lobulated growth, vascular, and pink in colour, which involves the whole anterior surface of the sclerotic beneath the conjunctiva, and spreads as a thin, opaque, adherent sheet over the cornea in all directions, more especially from the outer side, leaving only a small triangular patch transparent, behind which is situated the pupil.

The vision in both eyes is normal; the right is, however, much disfigured, the lids being forced apart and the ocular movements greatly impeded in all directions




by the growth. Some downward and outward divergence of the affected eye is also present, and there is marked ptosis of the upper lid. The right pupil is larger than the left.

Situated on the right side of the neck, some inches below and parallel with the mandible, is a large pedunculated, papillomatous mass (No. I.) measuring about two inches by four, with several outlying islets of the same structure in the neighbourhood. In front of the right ear—and almost surrounding it, being limited above in extent by the junction of skin and scalp—is another slightly raised papillary area (No. II.). The bridge of the patient's nose (No. III.), and both surfaces of the upper lip, immediately to the right of the middle line, are affected in like manner, as also the median grove of both soft and hard palate and the entire




uvula, which is exceptionally large, the growth extending on to the right side in front over a limited area and posteriorly involving the right half of the soft palate and right tonsil (No. IV.).

There is a large patch of alopecia on the top of the patient's head, pear-shaped, and about five inches by four in area, situated in the parietal region chiefly to the right of the middle line. All these blemishes have existed since birth.

An operation was undertaken for removal of the dermoid, with considerable success, and a large portion of the cervical papilloma was subsequently excised. The child is still a patient in Ruth ward.

These two cases are, I think, interesting, from their rarity, and from the many points of similarity which exist between them. In both, the orbital growth is of the same variety, diffuse, vascular, slowly progressive, and advancing chiefly from the outer canthus. They are (in mass). unilateral affections. In each the cornea is widely invaded, the vision being in one instance interfered with, not only by the opacity of its pupillary area, but also by congenital visual defect as well. There are strabismus and limitation of ocular movement in both, and in one case paralysis of the upper lid and dilation of the pupil are also present. The curious occurrence of alopecia, almost entirely limited to the side corresponding with the eye lesion is remarkable, and is not, I believe, generally described as an accompanying feature in the text books.

In the case of A. R., in association with the orbital dermoid, are numerous other congenital skin defects, limited solely to the middle line and the affected side. The papillomatous condition of the neck, preauricular region, nose, lip and palate, all occurring at embryonic lines of juncture, point to the dermoid or developmental origin of the deformity. The concurrent infantile epilepsy and mental deficiency are also worthy of note.

In neither of these cases had the tumour assumed the horny or hairy condition sometimes met with, which, however, occasionally only supervenes at the time of puberty. Nor are there other gross congenital lesions, such as hare-lip, macrostoma, microphthalmos, etc., which may be present in such cases.

On section the growth in each of these instances presents the typical structure; a fine cellular tissue, covered by transitional epithelial layers. These dermoids are, in fact, as Haal describes them, pieces of aberrant skin included during development.

In neither case is there adipose or muscular tissue in the structure, as occasionally met with.

R. G. ANDERSON.

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Impressions.

CHRISTMAS impressions several weeks after Christmas has passed away, its one yearly round finished, its mistletoe and its merriment vanished; Christmas impressions so belated—What are they? What can they be under ordinary circumstances but the nebulous remembrance of a time when we all, more or less, enjoyed ourselves, were charitable to the world at large, and ate too much—these three, but principally ate too much. A time the sooner forgotten the better for self-respect and that dignity of soul which forgets the aphorism that "a great man is he who retains his child heart." But Guy's Christmasing is not an ordinary celebration, and its memories, its impressions, for this year at least, are not ordinary nor commonplace. The fog was extraordinary to begin with, though not unexpected nor yet unappreciated, when one bears in mind David Gray's Christmas wish—

Oh, God, for one clear day a snowdrop
and sweet air!

Let me commence by stating that it was my first Christmas at Guy's. Under many and diverse conditions have I watched the event, and hitherto the prevailing impression which it has left on my mind has been a sense of innate, thorough thankfulness that everything was over and a similar state of things would not recur for another year. Christmas week starts with bronchitis—for me, at least—and this year proved no exception, for when I crept to bed on Christmas eve very early to avoid, by the easy method of piling the clothes about my ears, the strains of a brass band outside my window, there was an unmusical, dismal wheezing somewhere behind the manubrium which seemed to keep time to the carols of the outside party. Under such adverse conditions, sleep, when it came, was unrefreshing and broken, first by the chimerical ghosts of the waits outside and then by the vague knowledge, brought from dreamland, that a parliamentary commission, with Mr. Lane, as president, had been appointed to investigate the mortality resulting from the consumption of plum pudding, and the changes occurring in the large intestine on Boxing Day.

* * *

Christmas day itself came, only by its gloom and obscurity to strengthen my black humours and by its chilliness to increase my wheezing. But hospital Christmas was on Monday, and at its close I found myself in a state of geniality analogous to that almost of the ghost in the carol. It is difficult to write impressions even of an extraordinary event after a lapse of weeks. You must write them hot, on the spur of your excitement, or wait till old age comes when you can look back upon trivialities through the rose glasses of remembrance and find them shaded so that only the best appears.

Red-hot, my impressions of a Guy's Christmas were genuinely cheerful, re-warmed now the decorations are stripped, the pianolas have departed and the smell of tobacco is almost anathema [almost do I write maranatha except for the doubt as to which Lord was meant, Superintendent or Registrar] to the combined choir of Sisters—medical and surgical—they seem excessive, absurd, inchoate. The Out-Patients' Tea alone needs an epic to do justice to it, and only a Virgil, versed in the art of pen picturing such scenes, could bring before one's eyes again that mass of the Borough youth crying thief at the eloping Indians, and transforming the sober Out-Patient place into the semblance of the old Surrey pit in its prime, where for the mild expenditure of fourpence you could execrate villains to your heart's content. And who shall paint the wards where the oldest, like Acestes, dared "to do young men's work with his hands," in fixing trailing spray or stiff paper flowers in impossible attitudes over the beds. It needs an epic also not less heroic than the tea, but the verse should so ecstatically and fittingly describe, severally, the almost catastrophe when the lamps refused Sister Luke's "Let there be (electric) light," the tree in Dorcas, the concert in Astley Cooper, and that long trail of mud and wet leading into Cornelius. What wealth of incident, of colour, of "copy"! And in it all, midst it all, one wonders what the patients felt and how they would have described it if, like Henley, they were literary artists, putting into their description that realistic touch which makes even his chloroform poetic. His was the patient's point of view, the suffering patient, too, with the screens drawn round his bed, tented, with the vaporiser steaming over the curtains. With us were such, few, fortunately, but the more to be marked because they were like islets of misery set in a sea of joy and uproar of elation. There was the aneurysm sitting upright, forward bent, lifting a glance now and then to take a share, or as much of it as he dared, of the revels. There was the emergency operation case in a corner, sleeping; there was the isolated chorea by herself; a sober child playing solitary with its Christmas gifts, unsharing them with her ward fellows. The blessed St. Francis ate out of a leper's dish—a fact which Mr. Hutchinson has overlooked, somehow, and an eastern king drank out of a human skull, both to remind them that life, even at the feast, was saddened by death. We in the wards of a hospital stand in little need of such a lesson, even at Christmas time, for it is one that is spelled and taught all around us. Behind the professionals singing in Patience and Samaritan lay the strong room, not tenantless. From the balcony of the gaily-decorated ward you gaze down on the mortuary and watch the porters bringing another case for Bell. They are parts of the picture, as the engraved and worn slabs in the cathedral pavements are, which the casual visitor hardly sees and never heeds.

Nobody should be rich but those who can understand it; nobody should be thinking too much of strong rooms at such times but those who are fit to be in it. One can grasp the patient's point of view as well from the concert stage as from the morgue table, and the plebiscite of them all agrees perhaps very closely with the visitors. For one impression, and the strongest, since it remains

when lesser ones have vanished, is that the world in the wards, of men and women and children, equally enjoyed it all. Had I been in their place I might have grumbled—would have, most likely—at the ward clerks playing the automatic pianos in a fashion reminiscent of Buffalo Bill's band. Perhaps some of them did; it was justifiable, at least. But I never heard them, and if suspicion counts for anything I suspect that the majority wanted more noise, more pianola, more smoke, more visitors, and more relief from dressings and the worse stare of an army of students under the marshalship of the Registrar. And so I confess again, and it is a more important confession, this, than the one with which I began, that a Guy's Christmasing is lovable after all, even if you take no part, with hand or tongue, in it and stand, as I stood, an outside spectator not, perhaps, "a thing unseen yet seeing all," but one certainly unobtrusively in the background and vigorously on the watch to justify his pessimistic resolves, and to find something more than bronchitis to warrant a week of cynical ill-nature.

## Reviews.

*The price of books submitted for review should in every case be stated.*

*Walsham's Handbook of Surgical Pathology.* Third Edition. Herbert J. Paterson, M.B., F.R.C.S. pp. xxiv.+529. (Messrs. Baillière, Tindall & Cox.). 10s. 6d. net.

This work, as originally written, was intended for the use of students in the museum of St. Bartholomew's Hospital, and must have proved a most invaluable handbook to the pathological specimens there. We only wish such a work had been prepared for use in our museum, the value of which as a place of study it would increase threefold.

The various pathological conditions met with in the body are described, their macroscopical appearances, frequency and etiology; then selected specimens are carefully described, and references given to several other specimens illustrating the same conditions.

The present edition has been extensively re-written, and an introduction added on the general pathology of cysts and tumours, which, however, is very short and resembles a set of lecture notes rather than a detailed account. The author hopes that students in other museums will find it useful, but we doubt it, as different arrangements and different specimens will involve tedious and constant use of an index which is not full enough for its purpose—an index which does not include chondrosarcoma or endothelioma of the parotid.

We notice that gripping of the metacarpal by the two insertions of the flexor brevis pollicis is given as the cause of the difficulty met with in reducing dislocations of the thumb, instead of the modern theory—that the glenoid ligament intervenes; also no mention is made of the peculiar growth of hydatids in bone, though a description of a specimen is given.

The museum is fortunate in possessing a good set of specimens showing the effects of various treatments on aneurysm, and among them is one in which obliteration of the sac occurred during Tufnell treatment.

The derivation of carcinoma from καρκίνος (*a crab*) is an interesting detail in a book which must be in the medical library of every Bart's man.

*Malignant Disease of the Larynx.* Philip R. W. de Santi, F.R.C.S., pp. 107. (Messrs. Baillière, Tindall & Cox). 4s.

This instructive treatise on an interesting subject is largely based on the experience and treatment of Mr. Butlin and Sir Felix Semon, though the author has not failed to consult and quote all the best European authorities. The result is a clear and excellent account of the disease, its symptoms, diagnosis, and treatment.

It is important to recognise the difference between extrinsic and intrinsic growths, as the lymphatics which run from the true and false cords with their immediately adjacent parts have a different distribution to those draining the rest of the larynx. Extrinsic growths have a much worse prognosis, and are more likely to cause dysphagia. We are told that the evidence of heredity is negative in this disease, and that a case has been recorded in a boy of 3, all doubt as to the nature of the tumour having been removed by a histological examination carried out by Virchow himself.

Clear accounts are given of the various operations, and a judicial summary of their results, in which the author deprecates the growing custom of dispensing with Hahn's cannula. An account of sarcoma of the larynx ends an interesting and useful book.

*Handbook of Diseases of the Ear.* Richard Lake, F.R.C.S. pp. x.+242. (Messrs. Baillière, Tindall & Cox). 6s. net.

The popularity and excellence of the work is evidenced by the fact that a second edition has been called for at the end of its first year, though no mention is made of the alterations or additions which have been made.

Some excellent illustrations appear in the introduction on the anatomy of the ear, and in the various chapters an account of aural diseases and their treatment is found as complete as the student can possibly require. Three coloured plates are given, each containing a dozen realistic pictures of the tympanic membrane, such as the *skilful* student will see in various pathological conditions. It is so much easier to syringe a patient's ears when he is seated, that one is apt to forget that, as the author points out, the danger of vertigo requires a sitting posture; and another useful hint is that the moisture always present in the external meatus should be removed with cotton wool before attempting to examine with a speculum. A number of operations are described which only specialists will ever perform, and a diagram would make

the description of the radical operation for chronic otitis media more intelligible. A chapter on Life Assurance puts the prognosis of aural diseases into a concrete form and adds greatly to the value of the book.

*Diseases of the Heart.* Edmund H. Colbeck, M.D., F.R.C.P. pp. xvi.+350. (Henry Kimpton). 7s. 6d. net. Second edition.

This edition differs from the preceding in a few details, some corrections in the text and a little new matter have been added, but on the whole the book is unchanged, The author has given us a very good clinical text book to the various diseases of the heart and pericardium, in which most of the material is based on the teaching of Sir William Broadbent. Full as it is of clinical observations and their use as a means of diagnosis, but little space is left for treatment, which is sometimes scantily described, and the whole book suffers from too evident compression. Written in a series of paragraphs loosely strung together, it makes rather difficult reading, though a good index gives it efficiency as a book of reference. We particularly like the chapters on Prognosis of Heart Disease, also the rules for estimating the amount of stenosis or incompetency in each valve, and note that Dr. Colbeck adopts Morgagni's explanation of the cyanosis in congenital heart disease as due to venous congestion caused by right sided obstruction. The use of the words pulmonic and hypertrophous is pedantic—especially as on some pages the author spells the former in the more usual manner.

# Appointments.

## Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council :—

*Clinical Assistants.*—Messrs. E. W. Sheaf, F. W. Morton Palmer, E. C. Hughes, W. T. P. Meade-King, R. Felton, W. N. May.

*Clinical Assistants in Medical Wards.*—Messrs. W. Reeve (Dr. Taylor); G. Hamilton (Dr. H. White); H. S. Knight (Dr. Pitt); F. D. Crew (Sir Cooper Perry).

*Clinical Assistant in Surgical Wards.*—Mr. J. O. Musson (Mr. Symonds).

*Clinical Assistants in the Medical Out-Patients.*—Messrs. C. M. Wenyon (Drs. Shaw and Bryant); W. P. Purdom (Drs. Fawcett and Beddard).

*Obstetric Dressers.*—Messrs. R. Edridge, T. C. Pocock, F. T. H. Wood, H. V. Mitchell, A. B. O'Brien, W. P. Purdom (January-February); A. G. Jones, W. Welchman, J. H. Mayston, S. Reader, H. G. Gibson, H. C. Cameron (March–April).

*Dressers in the Throat Department.*—Messrs. H. C. Cameron, R. E. French, D. Isaacs, V. A. P. Costobadie, C. M. Stevenson, F. Rogerson.

*Ophthalmic Dressers.*—Messrs. C. M. Stevenson, G. H. K. MacAlister (Mr. Higgens, February 1st); A. M. Webber, J. M. Barrionuevo (Mr. Brailey, February 1st); A. B. O'Brien, S. M. Wells (Mr. Higgens, March 16th); J. E. Scales, R. W. Allen (Mr. Brailey, March 16th).

*Surgeons' Dressers.*—Messrs. J. S. Bookless, W. H. Robinson, A. Shepperd, I. Valerio, L. J. Patterson-Clavier, R. Willan (Mr. Lucas); T. H. Barton, A. W. Berry, W. H. Trethowan, E. L. R. Norton, J. G. Phillips, A. Walker (Mr. Golding-Bird); G. Wacher, A. S. B. Bankart, C. M. Ockwell, R. Davies-Colley, G. W. Goodhart, H. H. Moyle (Mr. Jacobson); E. M. Harrison, E. C. Lowe, F. A. Barker, H. J. Clarke, G. Cockcroft, P. D. F. Magowan (Mr. Symonds).

*Assistant Surgeons' Dressers.*—Messrs. M. M. Earle, A. Davidson, P. F. McEvedy (Mr. Lane); A. T. Rivers, B. K. Nutman, C. E. M. Jones (Mr. Dunn); E. Wragg, S. W. Daw, G. F. E. Allison (Sir Alfred Fripp); S. K. Poole, J. T. Smalley, O. G. F. Luhn (Mr. Steward).

*Medical Ward Clerks.*—Messrs. J. E. Hodson, St. J. A. M. Tolhurst, T. B. Layton, E. Morgan, A. Zorab, E. W. Giesen, H. C. Malleson, W. H. Miller, W. P. H. Munden, H. A. Pallant, E. N. Plummer, R. J. Reynolds, S. McK. Saunders, G. F. Stebbing, H. E. H. Tracy, J. S. Farnfield, E. P. H. Joynt, H. F. Joynt, C. F. L. Leipoldt, H. J. Smith, J. N. Watson, A. Alcock, P. P. Laidlaw, C. B. Ticehurst, T. N. Wood, J. B. Ball, E. B. Hinde, H. P. Aubrey, C. A. Basker, T. E. A. Carr, H. J. Henderson, C. H. Marshall, C. A. L. Mayer, G. W. Dryland, B. Wallis.

*Assistant Physicians' Clerks.*—Messrs. H. W. B. Walling, E. H. Paterson, G. R. Phillips.

*Surgical Ward Clerks.*—Messrs. T. H. Edey, E. A. Collins, R. B. Dawson, A. V. Ledger, F. Morres, J. K. A. Helm, A. L. Foster, M. D. Price, C. H. Rippmann, N. Flower, J. W. Featherstone, A. T. Densham, H. B. Carlyll, H. J. B. Cane, R. Evans, R. R. Walker, J. W. Grice, A. C. Dickson, J. R. Florence, L. D. Stamp.

*Clerks in the Skin Department.*—Messrs. W. P. Purdom, T. B. Layton.

*Aural Surgeon's Dressers.*—Messrs. F. M. Longson, O. V. Payne, A. R. Wilson.

*Post-mortem Clerks.*—Messrs. A. H. Miller, G. W. Nicholson, C. W. Greene, F. A. Sharpe, E. Bellingham Smith, E. H. Adams (January 1st); R. J. Bentley, E. F. Milton, C. F. Fothergill, R. S. Harper, H. A. Watney (February 16th).

*Assistant Surgeons' Clerks.*—Messrs. K. H. Digby (Mr. Lane); H. E. H. Tracy (Mr. Dunn); C. F. L. Leipoldt (Mr. Steward).

*Externs.*—Messrs. A. G. Jones, W. Welchman, H. G. Gibson, G. H. Morris, E. Alban, T. F. Wilson (February); T. C. Pocock, A. S. Morton-Palmer, W. H. S. Burney, H. F. Vandermin, P. S. Mills, P. C. Litchfield (March); H. C. Malleson, C. C. A. de Villiers (April).

# The Deterrent Action of the X-rays in Malignant Growth.

By EDWARD W. H. SHENTON.

When a new treatment arises, especially a treatment for a serious disease, either it must cure once and for all or else it is a failure. This expresses the general opinion of the medical profession towards new cures—and why? Is our list of absolute and certain treatment so great that medicine may be said to contain no others, or no palliative measures? Indeed, would it not be nearer the truth to say that most forms of treatment contain a greater or lesser percentage of uncertainty? The causes need not long be looked for—why the medical world demands that a cure for cancer must be a cure, and these causes are two in number.

The first is the almost daily arrival of a fresh cancer cure, which before time can prove its worthlessness does irrevocable harm by keeping out orthodox surgery.

The second is the fact, which we must all feel, that when a cure for cancer is discovered it will rapidly and easily establish itself. In the meantime, however, our patients catch at straws and are grateful for a little prolongation of life and mitigation of pain. In speaking of the X-rays, in their relation to malignant disease, the following remarks apply merely to one's own personal experience and are not influenced by the results of others or by perusal of reported successful or unsuccessful cases. They are the outcome of the personal observations of several years in which a great many more or less hopeless cases have come under one's care. Though this will at once stamp one's remarks as necessarily incomplete, it will, I trust, make them of value when looked upon as the careful opinion of one worker.

In the first place, one cannot claim to have seen any cures by the X-rays of malignant growth, if by cure is meant absolute disappearance of the disease and its non-appearance after many years. The few years—about seven—in which the X-rays have been in use would preclude the possibility of perfection in this direction.

As to apparent cure, *i.e.*, complete disappearance of disease for a reasonable period—about a year, one has a single instance of this, a vaginal epithelioma.

(It should be stated here that rodent ulcer, for which X-ray treatment has no rival in the certainty and excellence of its results, is not, of course, included under the heading of malignancy.)

The next class of case to be considered is that in which the X-rays have delayed the progress of cancerous disease for variable periods, and sometimes, it would seem, permanently arrested the growth.

This is a fairly large class, and may be examined with profit. One remarkable instance is that of a patient now under treatment. She is aged about 50, unmarried, and of the sparely built, wiry type. In September, 1903, she was examined by Sir Alfred Fripp, and found to have a large growth in the right breast adherent to the skin, and enlarged glands in the axilla. It would be unsuitable here to give further particulars, it must suffice to say that Sir Alfred Fripp considered the case at that time to be beyond operation. He suggested that X-ray treatment should commence at once. Three exposures weekly for six weeks were given, followed by two a week until the present time with scarcely any intermission (*i.e.*, 15 months of continuous treatment).

For the first few weeks the growth increased in size, there was a little pain and slight constitutional symptoms. The necessity of more drastic measures became apparent, and a slight burn was intentionally given. This took about four weeks to heal, but from that time the lump decreased, until, at the present time, or for three months past, the growth has become softer and has contracted to half its original size; the axillary glands are smaller though still palpable, all pain and constitional symptoms have disappeared. This case might be regarded as very hopeful from the patient's point of view. Of course it must not be assumed that she is "out of the wood," yet, for secondary deposits may develop at any time, but undoubtedly it is one of those cases where the X-rays are proving powerfully deterrent to the growth of the malignant material.

Experience has shown that the cases which may be held in check and possibly cured by the X-rays are mostly of this type, occurring in elderly, dried-up individuals, the cancer usually being of a slow-growing nature.

As yet it has not been shown that any fixed relation exists between the microscopic appearance of a growth and its behaviour under X-rays.

The next class is comprised of those cases in which the local disease has ceased to increase or has, perhaps, decreased under treatment, pain has disappeared, and the obvious complaint has been held in check until manifestations of secondary deposits have appeared and the patient has succumbed in spite of directing the rays to the new focus or foci of malignancy.

One may here state that no retardation is noticeable in the progress of secondary growths when they are treated by the X-rays. A possible explanation is of course the usually greater depth of these deposits; but in the case of the lung—a very X-ray permeable organ—this reason is not sufficient, and one has no other at present to offer.

This class will be found to include most cases, and the X-rays will here only hold the disease in check locally and dispel pain until something worse happens. The last class is made up of those cases usually seen after operation, in which nodules and small local recurrences have appeared. It seems comparatively easy to destroy or check the growth of these nodules by properly directed X-ray treatment, and if it were not for the fear of secondary deposit in the internal organs these cases would be hopeful. Ulceration of a malignant type is peculiarly susceptible to X-ray treatment and ulcerating nodules will often be cured quicker than their

non-ulcerating companions. Most of these remarks apply to scirrhous carcinoma of the breast. Sarcoma does not materially differ in its reaction. Epithelioma when easily got at ably responds more or less readily and is similarly held in check. The outcome of this experience seems to one to be the following—

The X-rays do not cure cancer but they have a tendency to do so. Wherever exhibited (except in secondary deposit, as mentioned above) they show a marked retarding influence. Sometimes this is very slight, at others sufficient to entirely arrest local growth, at others even to cause its entire disappearance. They relieve pain sometimes partially, usually, however, completely. The more superficial, that is the less depth of tissue to be traversed by the rays before reaching the growth, the more favourable the prognosis.

If, therefore, the X-rays be not considered as a cure, this fact must soon be universally admitted, that they may with justice be called a treatment, insomuch as they delay the disease and relieve pain, but this is not all. It is not reasonable to look to their aid in the prevention of recurrence after operation in the days when the malignant particles are few, scattered and inactive.

It is difficult to believe that an agent which is capable of steming the tide of an incurable disease at its height, will not act as a powerful deterrent or even as an eradicator of the same disease in its infancy.

## Guy's Hospital Dental Society.

A special general meeting of the above society was held on January 12th, to discuss the subject of dental literature in the GAZETTE, the president, Mr. R. Wynne Rouw, M.R.C.S., L.R.C.P., L.D.S., being in the chair. The chairman opened the meeting by an address on the objects with which it had been called. One of the editors made the following suggestions, which were accepted, viz.:—

1. That a certain number of dental clinical lectures should be reported.

2. That half a page of the GAZETTE should be allotted for dental news, exclusive of the reports of the society's meetings and annual dinner.

Mr. Snell then proposed that a dental correspondent be appointed, to hold office until the next annnal general meeting. This was seconded by Mr. McBride; put to the meeting, and carried unanimously.

The election of a correspondent was then proceeded with, and, after some discussion as to whether one or two should be appointed, Mr. F. S. Vine was elected to fill the office. The meeting then terminated with a vote of thanks to the president.

Mr. F. S. Vine will be pleased to receive any communications that the senders consider might be suitable for the dental column. J. W. MAWER, Hon. Sec.

## Sport.

### FOOTBALL FIXTURES.

Saturday, January 21st.

G.H.R.F.C., I., v. London Welsh, home.
II., v. Rosslyn Park II., away.
III., v. London Hospital, home.
G.H.A.F.C., I., v. Croydon Park, away.
II., v. Old Cranleighans, home.

Saturday, January 28th.

G.H.R.F.C., I., v. R.I.E.C., away.
II., v. Old Charltonians, home.
III., v. Beckenham "A," away.
G.H.A.F.C. I., v. Alleyne, home.
II., v. New Beckenham, away.

Wednesday, February 1st.

G.H.R.F.C., I., v. Oxford University, away.

Saturday, February 4th.

G.H.R.F.C., III., v. Old Whitgiftians, away.
G.H.A.F.C., I., v. Surbiton, away.
II., v. Normanhurst Druids, home.

Sunday, February 5th.

G.H.R.F.C., I., v. Racing Club of Paris, Paris.

### HOCKEY FIXTURES.

Saturday, January 21st.

G.H.H.C. I., v. Bowes Park, at Kidbrooke.

Saturday, January 28th.

G.H.H.C. I., v. Brockley, at Kidbrooke.
II., v. Kidbrooke II., at Blackheath.

Wednesday, February 1st.

G.H.H.C., I., v. Blackheath "A," at Blackheath.

Saturday, February 4th.

G.H.H.C. I., v. Woolwich Garrison, at Woolwich.
II., v. Beckenham II., at Beckenham.

## Hockey.

### GUY'S v. BLACKHEATH.

This match was played on Wednesday, January 11th, when the Hospital followed up their brilliant victory over Bromley by defeating Blackheath on the latter's ground, by seven goals to four. Neither side was at full strength, and the ground was extremely heavy, but a good game resulted.

From the initial bully, the Hospital went away, and pressing strongly, scored through Brookhouse; a second

from Ticehurst soon followed. The Blackheath inside right then shot a good goal, the same player adding another. Morres and Ticehurst then got through for the Hospital, and Blackheath replied twice, thus making it four all at half-time.

In the second half, Morres put in a very hot shot, and Ticehurst and Brookhouse added further points. Leckie was, as usual, the mainstay of the side; of the forwards, Morres and Ticehurst were the best, but none of the backs were in their best form. The wing forwards must make a rule of centring as soon as they reach the enemy's "25." If they delay longer, the inside forwards have to wait instead of taking their passes at full speed; the opposing halves have time to get back, and the circle becomes so congested that goal scoring is almost impossible. The full backs must clear hard, and at once. They should try, when possible, to feed their wing forwards, and if these are marked, it generally follows that the inside forwards are not.

The team consisted of—H. J. B. Dicks, H. S. Knight and H. Basker (backs); H. M. Langdale, M. Leckie and C. Thomson (half-backs); W. J. Clark, H. O. Brookhouse, C. B. Ticehurst, F. Morres, A. B. C. Dick (forwards).

### GUY'S v. BECKENHAM.

This match was played at Kidbrooke on Saturday, January 14th, the Hospital proving victorious by 4 goals to nil. The ground was in the condition known to hockey players as "frozen hummocks," which made it very hard to take passes, so that for the most part combination was conspicuously absent, and individual efforts were much to the fore. Still there was some pretty combined play among the forwards at times, and the backs were more than equal to the occasion.

The Hospital started off with a strong attack, which proved abortive, and Beckenham returned, but we were soon back again, and after several very erratic shots by the inside forwards Ticehurst opened the scoring from close in, ten minutes before half time.

Fifteen minutes after resuming play Wells increased the score, and shortly afterwards added another from an excellent pass by Leckie. After this Beckenham nearly got in twice, Archer, Langdale, and Parker being conspicuous in defence. The Hospital then went down very fast, and, after shooting wide twice, Dryland added the last point a few minutes before time.

The Hospital, in the absence of Moyle, were playing three backs, an arrangement which on this occasion answered admirably, but it has many disadvantages. All three played a sound game, Archer in particular passing extremely well to his wing, while Langdale showed great improvement. Leckie, both in attack and defence, as captain and as referee, was as usual excellent. Parker was very good at times, his feet are rather small when the ground is bad. Morres at outside left was very good, he took his passes excellently and centred well, and when occasion arose put in a good shot.

Clarke, at outside right, seemed slow in getting to his passes; he wants more dash and possibly more effective studs on his boots. Dryland was in his best form, which is saying a lot.

Ticehurst has gone to inside right and seems likely to do well there; both he and Wells would have scored a great many times but for the magnificent display given by the visitors' goal-keeper, who has for several years represented Wales in that position.

Neither side were quite at full strength.

## Calendar.

January, 1905.

Sat. 21.—Mr. Jacobson and Sir Alfred Fripp's take-in; Drs. T. F. Wilson and C. M. Ockwell; Cl., W. P. T. Meade-King.

Thur. 26.—Messrs. Symonds and Steward's take-in; Drs., C. Ponder and W. H. Robinson; Cl., F. W. M. Palmer.

Sat. 28.—Physical Society's meeting at 8 p.m. Clinical meeting. President: A. R. Brailey, B.A., M.B.

February

Fri. 3.—Special Exam. in Part I., for L.D.S., Eng.

### Birth.

TA'BOIS.—On January 13th, at Winfield, Woodford Green, Essex, the wife of Mr. Fred. W. Ta'Bois, L.D.S., of a son.

### Marriages.

BROCKWELL—SMITH.—On January 18th, 1905, at Christ Church, Gipsy Hill, by the Rev. R. C. Joynt, John Brocas Chambers Brockwell, M.R.C.S., L.R.C.P., eldest son of the late Dr. John Brockwell, of Gipsy Hill, S.E., to Annie Amelia, elder daughter of the late Mr. William Edwin Smith, of Lewes, Sussex.

FRENCH — SAWYER. — On December 15th, 1904, Herbert French, M.D., to Amy, daughter of Sir James and Lady Sawyer, of Haseley Hall, Warwick.

### Deaths.

TURNER.—On November 25th, 1904, at Poole, Dorset, William Turner, M.R.C.S., L.S.A., in his 60th year.

WILLIAMS.—On January 9th, 1905, at Lansdown Place, Clifton, Bristol, Eubulus Williams, in his 74th year.

EDS.—R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

THE subject of Hospital economy has recently been discussed at great length in the morning newspapers, and much advice has been gratuitously given by people often but little qualified to speak thereon. A number of statistical tables were published with the intention of comparing the expenses of the various hospitals in a manner as fair as possible, with which object the cost per bed, per patient, and per accident were given, as well as many other details. Arguments based on statistics alone are notoriously fallacious, and an actuary could hardly fathom the depths of hospital accounts without much study. It is accordingly very unfair to compare hospital expenditures and endeavour to prove to the public that some hospitals are managed less economically than others; though we are pleased to see that even the self-constituted critic has nothing but praise for the management of this Hospital. Harm rather than good will be done, for subscriptions hitherto given to hospitals which have been pronounced improvident will be reserved, and probably not diverted to other charitable objects. The subject was rather a matter for private communication to the hospitals concerned than for public discussion.

A SUGGESTION has now been made that a central organisation should be set up from which all London hospitals could draw their *materiel*, drugs, stores, &c. But the originators of this scheme forget that the result would be the insertion of another middleman between the manufacturer and consumer, who must add his percentage to the cost. This central body would have to call for tenders from the manufacturers, even as the individual hospitals themselves do now, and the only difference would be in the size of contracts. There is at present a limited liability company called the Hospitals' Contracts Association, which competes with manufacturers for hospital contracts and is very often unsuccessful; would it be any better when competition is abolished, as it would be by the new scheme? For an experienced manager would be required, and all salaries would be fixed, so that there would be no incentive to cutting down the prices, whereas now the life of a hospital, and with it the reputation of the manager, depends on the economy he practises. These arguments, however, apply to all large schemes of co-operation and concern principally the larger hospitals, which, if well managed, certainly buy in the cheapest market. With the smaller hospitals, however, it is different; their contracts are smaller, and accordingly prices

rule higher. They might benefit by such a scheme, but are hardly strong enough to combine for the purpose without the help of the larger hospitals, who in turn will hardly profit thereby.

Small hospitals, especially in the country, suffer from the action of their subscribers, who often suggest a subscription in return for an accepted tender, threatening to withdraw their subscription if they do not receive the contract. A cottage hospital is occasionally hampered by the local tradespeople, who form a ring and distribute the contracts among one another in turn, thus defeating the object of tenders. Much good might be done and the smaller hospitals considerably helped if they were to draw their supplies from the same sources as the larger hospitals. Close ties often bind a large hospital to one of its smaller brethren; many of the governors and often some of the staff are the same in the two cases. What could be easier than for the drugs, for instance, of the smaller hospital, to be included in the contract of its larger and wealthier neighbour? Some such simple arrangement as this, especially if extensively carried out, would lead to much more economy than any central organisation could produce.

In another column will be found a letter from the President of the Residents, drawing attention to the Governors' recent generous gift of a squash court to the Residents and Students of this Hospital. Squash is often the only form of exercise obtainable by those holding resident appointments, to whom the value of the court is inestimable. The new court is to replace one just pulled down, the site of which is required for a new lecture room, which is being built. The first fives court was built on the site of the present Dental Buildings at the time when Dr. Savage was a student, by whose exertions the necessary subscriptions were raised. In April, 1891, it was pulled down and the materials were sold to the Governors for £50, which, together with subscriptions raised amongst the Governors, Staff and old friends of the Hospital, enabled two courts to be built at a cost of £231 7s. These courts were let to the Students' Club for an annual rental of £3, in order to pay the necessary rent to an assurance company for permission to build up against the wall of their warehouse and to provide a Sinking Fund for repairs. One of these courts was pulled down to provide space for the new library, leaving a single court, which has proved so useful during the past fourteen years, and now gives way in its turn to another at the back of the new museum.

Soon the old museum buildings will have been pulled down and a large plot of land will be thrown into the park, greatly to the advantage of the appearance of the Hospital and the comfort of those privileged to sit in the sacred enclosure. Generations of Guy's men have known these buildings and have carved their names on the desks in the theatre, the seats of which, like those in the old Clinical theatre, are probably the most uncomfortable that were ever erected and absolutely prevent sleep. Our fathers were all photographed in groups before the doorway, they read their bones in the museum, and studied the specimens in its galleries (using the same catalogue for the surgical specimens!). With the departure of Betts it is appropriate that his home should not long survive him, but it is hoped that for the sake of future generations, and for the completeness of historical records, photographs of these buildings will be preserved.

The new museum is fast approaching completion, and will prove a welcome addition to the school buildings. Four square rooms built round a central corkscrew staircase, each lighted by a saucer-shaped glass dome, will provide adequate accommodation for all the specimens. There are two galleries round each room, the floors of which are made of small glass prisms set in iron frames, so that as much light as possible is distributed to the shelves below. In the lecture room adjoining artificial light alone will be relied on, as the lectures of the future will be always illustrated by magic lantern slides.

We regret to see that Mr. Reginald Bonsor, the son of our Treasurer, met with a serious accident while driving his motor car near

Norman Cross, on Sunday, January 15th. Though badly cut about the head and face, there was no serious injury, and Mr. Bonsor is to be heartily congratulated on a most remarkable escape.

A NOTICE will be found in another column of the alteration which has been made in the conditions of entry for the Treasurer's Prize Essay Competition, in consequence of the extension of the medical curriculum to five years. The new rule also places men from the older universities, and from the provincial schools, on the same footing as London or Conjoint men. Under the old rule (in their sixth year) a London man who did not enter the wards till his fourth year, as might easily happen if he read for the Primary Fellowship, was at a disadvantage as compared with a Cambridge or Oxford man, who enters the wards as a third year's man, however long he might have studied at his University. It is to be hoped that this change will stimulate competition for the Prize, especially this year, as "The Diagnosis of Acute Abdominal Conditions" can only be adequately discussed by a man with clinical experience, such a man as was often debarred from competing by the old rule.

THE recent case of catalepsy at Accrington, which has been described and well authenticated in the papers, has again brought into prominence the weakness of English law as regards death certificates. In this case the medical man had seen the woman the day before the certificate was applied for, and gave it, as he was not surprised to hear of her death. The insertion of the clause, "as I am informed," protects the practitioner from unpleasant consequences, but may quite often defeat the ends of justice. If the suggestion of the *British Medical Journal* is carried out, and it is made illegal for a doctor to certify without viewing the body, it is obvious that he must be allowed to charge a fee for the certificate. In the country ten miles often separates patient and doctor, and a fee adequate to justify a journey of that distance would impose an additional hardship on the relatives, who are often hard pressed to pay even the funeral expenses.

ON Tuesday, February 14th, at 8 p.m., Mr. Farrar will deliver a lecture on Japan to any sisters, nurses and students who care to attend. The lecture, which will be given in the Physiology Theatre, will be illustrated by lantern slides, and we have been requested to state that any members of the Staff who wish to be present will be cordially welcomed.

IT is an Englishman's privilege to grumble, and we accordingly claim all the rights appertaining to our nationality, the object of our spleen being in this case the Students' Club. On several recent occasions we have essayed to travel down to Honor Oak Park, in order to practice what we preach by attending a football match, but have been unable to buy tickets in the dining room as the *supply had run short*. A most unjustifiable piece of carelessness, which we trust will not occur again.

WE quote the following from the *Sun* newspaper of January 23rd:—

An inquest was held at the Lambeth coroner's court to-day by Mr. Troutbeck, concerning the death of a two-months' old child from suffocation, whilst sleeping in bed with its parents.

Dr. Reed, who had been called in when the child was found dead, gave evidence, and Dr. Unding Freyberger, pathologist, was called to state the cause of death.

A Juryman said: I should like to ask, Mr. Coroner, why a second doctor was called in in this case?

The Coroner: Because I choose. It has nothing to do with you, sir.

The Juryman: As a ratepayer I think it has everything to do with me.

The Coroner: I can't discuss it. Resume your seat, please. It is a question of policy that lies with me.

The Foreman: No doubt some cases require special skill, but this was a perfectly straightforward case, and in this, as in other cases, I think the doctors who devote their lives to the service of the people should be called.

The Coroner said this case required special skill.

A post-mortem examination on a simple case of asphyxia would hardly require the skill of an expert pathologist, and we consider the juryman was quite justified in his protest, which was treated with such scant courtesy by the coroner. Skilled pathologists, if called in at all, should only be called in for exceptional cases, and more trust should be placed in the average medical man's opinion.

# Sarcoma of Bone.

CLINICAL LECTURE BY L. A. DUNN, M.S., F.R.C.S., May 27th, 1904.

GENTLEMEN,—I intend to-day to make some remarks upon a case of sarcoma of a long bone, and I choose this as my subject because there have been several cases of the kind in the surgical wards under my care lately. Here before you lies the specimen which was removed from the patient. You will notice that it consists of the left upper extremity, including the scapula and the outer half of the clavicle. Surrounding the upper two-thirds of the shaft of the humerus, and encroaching upon the head of the bone, is a somewhat fleshy-looking mass, infiltrating the muscles. You can further see that, by using a moderate amount of force, the mass can be separated from the shaft of the humerus leaving the surface of that bone bare and eroded. Gentlemen, that mass is a periosteal sarcoma.

The patient is a young married woman, Ann A., aged 30. She was admitted into Charity ward under my care, and we have to thank Mr. McGowan for his excellent report. She was sent up by my friend and late dresser, Mr. F. Curtis, of Redhill, with a swelling of the left arm. Her parents are alive and enjoy good health, except that her father suffers from asthma. Eight years ago she was under treatment for gastric ulcer for a period of six weeks, and quite recovered her former health.

*History of present disease.*—The patient first noticed a pain in the left arm and soon afterwards discovered a swelling. That was in the autumn of 1902. The pain grew worse, and the swelling increased in size, so she consulted a local practitioner, who gave her some lotion to rub into it. Sometimes the pain was so great as to prevent her doing her housework. She was vaccinated six months ago and thinks that the arm has never been well since.

*On admission*, she is healthy-looking. There is a large swelling in the left arm, which is hard, and extends in front of and below the shoulder, and half way down the humerus. When the elbow is flexed the swelling is not so prominent, the skin over it is not discoloured. It is irregular and more tender above and on the outer side of the humerus than below. The swelling is very firm to the touch and fixed to the bone. It is lying very deeply to the brachial vessels, which can be felt pulsating quite superficially.

On palpation it gives the impression of a badly united fracture of the shaft of the humerus, yet the axis of the upper extremity appears to be quite natural. A skiagram was taken which showed the shaft to be perfectly intact and sharply defined. There is some slight elevation of temperature.

She was treated with large doses of potassium iodide with no beneficial result, so an exploratory operation was decided upon.

She was anæsthetised with the A.C.E. mixture, and an incision four or five inches long was made vertically on the outer side of the biceps, cutting through the lower fibres of the deltoid. After dividing the muscles superjacent to the mass, a firm, fibrous layer was encountered, and upon incising this it was found to be separated from the shaft of the bone by a layer of firm, pinkish, granulation-like material about a quarter of an inch in thickness.

It was found that this layer could be separated from the bone with comparative ease, leaving the surface of the latter somewhat eroded. There was no aperture leading into any cavity in the bone, and no trace of pus to be seen despite the fact that the shaft of the bone was drilled in several places. We pronounced the mass to be a periosteal sarcoma, as far as the unaided eye could discover, but removed a portion for microscopical investigation. The wound was closed and dressed in the usual way. The next day the patient was informed of our opinion as to the nature of the swelling, and warned that she must be prepared to sacrifice the whole of the upper extremity should the pathologists confirm our opinion. But it was not to be: the pathologists decided that the specimen removed was of a simple inflammatory nature and counselled staying the surgical hand. Acting upon their advice, we fell back upon the iodide of potassium, and discharged the patient on January 29th, the wound having firmly healed.

She remained away from the hospital till April 2nd. It appears that the swelling of the arm has been gradually getting larger, but that she has felt no pain in it; indeed, she experienced but little inconvenience till the last fortnight, when the forearm and hand began to swell. She thinks she has lost weight, but feels well in herself.

On re-admission, the patient had a sallow complexion, but was not markedly cachetic. She holds the left arm to her side with the elbow flexed at a right angle. All the movements of the shoulder-joint are limited, especially abduction, which is only possible through an angle of 45°, and this causes great pain; further abduction seems to be prevented by muscular

contraction. The middle three-fourths of the arm is occupied by a pyriform swelling, larger at the upper end, where the circumference is twelve and a half inches. The swelling is symmetrically disposed around the shaft of the humerus. The skin covering it is of a purple colour, and traversed by distended vein; it is tense and shiny except upon the internal surface, where a patch of desquamation exists. The mass itself is uniformly firm, regular in outline, not tender—except at one spot on the inner and lower aspects,—and possesses neither pulsation nor egg-shell crackling The scar of the former operation was present and appeared to be healthy.

There could now be not the slightest doubt in the mind of any surgeon who might see the case that it was one of sarcoma of the humerus, and it was equally certain, that in order to rid the patient of her trouble, nothing short of removal of the entire forequarter would be of any avail. I will leave the description and discussion of this operation till the end of the lecture, and will rest content by saying that it was successfully performed; that the patient made an uninterrupted recovery, and remains well at the present time, and has not the slightest indication of any recurrence of the disease. Before discussing the question of diagnosis in a case of the kind, I would point out how very important it is to arrive at a correct conclusion. You see, a mass on the shaft of a long bone may be simply of an inflammatory nature, which will disappear if properly treated, whereas if it is a periosteal sarcoma, nothing short of amputation of the limb well above the growth will save the patient's life. The difficulty of diagnosis is great, as evidenced by some of the specimens before you, in which the limbs were unnecessarily sacrificed. This is a forearm in which the thickening of the bones was due to chronic inflammation; amputation was performed by a very distinguished surgeon, yet the subsequent dissection and microscopic examination revealed not the slightest sign of sarcomatous growth. Here again is a specimen of an ununited fracture of both bones of the forearm. You will observe that both bones are clearly fractured, and that the ends are connected together by a kind of fibrous capsule, forming a so called false joint; but there is not a trace of sarcomatous growth to be seen. It was obtained by a friend of mine, a very good and careful surgeon, who was consulted by the patient on account of loss of power and swelling of the forearm. There was no history of injury. My friend consulted with a neighbouring practitioner and Fellow of the Royal College of Surgeons, who advised amputation. Here is the result!

A case of unrecognised fracture came under my own care at the East London Children's Hospital. A little girl was admitted with a spindle-shaped swelling in the middle of the thigh and a temperature of 103°. The residents were urgent that I should explore the thigh, thinking the case to be one of acute necrosis of the femur. I was opposed to this view, and decided to wait a day or two in order to see if any rash appeared. This was wise, as the next day a well-marked measly rash did appear. Later on broncho-pneumonia developed, which ultimately proved fatal. On investigating the mass in the thigh, post-mortem, a green-stick fracture was discovered ensheathed in callus, yet not the slightest history of accident was obtained. I am told that quite recently a tumour of the thigh was explored in one of the surgical wards of Guy's Hospital, and found to be an unrecognised fracture. In the next place I will mention the so-called "quiet necrosis." In these cases we find a small segmentum walled in by a thick layer of new bone accompanied by no manifest suppuration. The diagnosis from sarcoma is extremely difficult, and I have seen amputation at the hip-joint performed in a case of mistaken diagnosis. I asked the museum assistant if he had any specimens illustrating this accident, he replied in the negative, but added that perhaps the surgeons did not care to send such specimens down to the museum. However, you will find illustrations of the kind in some of your surgical text books. Many of you have seen that youth who has been attending my outpatients for several weeks. He is a groom in the country, and was sent up to see me by a medical friend, because he had pain in his thigh, wasting of the thigh muscles, and limped when he walked. We found that he had a uniform thickening of the upper third of the femur. The hip-joint was perfectly natural; the muscular wasting was clearly due to the fact that he "saved" the limb when walking, and not to infantile paralysis, as the medical man thought. We had a skiagram taken, but did not get much help from that; so we gave him large doses of iodide of potassium, and watched. The last time he came up he walked without a limp, had lost all his pain, and said he felt perfectly well. The thickening was still present, but certainly smaller; hence I think our diagnosis of inflammatory thickening was justified. I have under

my care in Charity ward at the present time a girl aged fourteen years, who has a large mass around the shaft of her femur. It is quite four times as large as the corresponding bone of the other side, but fortunately a sinus existed, which made the diagnosis of necrosis easy. I sent her down to the X-ray department, and the report came up that the mass looked very like a sarcoma. We operated, and after cutting through about an inch and a half of new bone, extracted two small sequestra.

It is, as a rule, quite easy to distinguish other conditions, such as exostosis and periosteal sarcoma, so I will limit my remarks to these inflammatory swellings.

Now, when you meet with a swelling on a limb you must satisfy yourself that it is attached to the bone and not an enlargement of the joint near at hand. I remember once examining the case of a small boy who had a periosteal sarcoma quite at the lower end of the shaft of the femur. It certainly did look something like a swollen knee-joint, and every member of the class gave it as his opinion that the knee-joint was involved. Some thought it was a tuberculous synovitis, others that it was an osteo-arthritic condition, but not a single member suggested the possibility that the swelling was due to a sarcoma. Of course, if they had investigated the case properly they would have found that the knee-joint was below the swelling, and that the movements, although limited by the size of the growth, were otherwise natural.

Having settled this point in your own mind, I think that the next thing you ought to do would be to examine all the other bones as far as possible, to find out whether any of them are the subjects of similar swellings. It is not usual to find multiple sarcomata of bone, whereas multiple inflammatory swellings are quite common.

Having done this, you now limit your observations to the tumour itself.

You look at it, and if of large size, you will see that the skin is tense and shining, and that enlarged veins are coursing superficially. This enlargement of the superficial veins, which we are taught from our earliest medical infancy, to associate with sarcomata, is, to a large extent, merely dependent upon the size of the tumour and the consequent obstruction to the deep veins. In the case before us, you will remember that the skin was quite natural over the swelling when first she was admitted, and the tumour was small; whereas, on the second occasion, the growth had largely increased in size, and the skin was marked by many enlarged superficial veins, and was of a purplish colour. Again, in the case of that little girl in Charity ward, with necrosis of the femur and the large amount of new bone-formation, there was marked superficial venous engorgement; so we cannot lay much stress upon this sign.

We next palpate the swelling; perhaps the surface temperature is raised, but we must not think that this necessarily indicates that the swelling is due to inflammation, since the surface temperature is frequently raised in cases of growth. We then feel for pulsation; if we can detect any pulsation in the tumour itself, it is a most important indication of sarcoma, the possibility of aneurysm, of course, having been excluded.

Then, on the other hand, so comparatively few sarcomata do pulsate that we cannot argue against the presence of sarcoma because of the absence of pulsation. Again, we palpate the surface of the swelling to discover whether it is equally firm all over. In the case of a growth some parts may be softer than others. Here I have the skeleton of a periosteal sarcoma of the tibia; you will notice their irregular coral-like masses of bone sprouting out from the surface leaving deep, irregular clefts between them. These, in the recent state, were filled up by soft sarcomatous material, hence, on palpation, the tumour would have presented an unequal consistency.

We next call in the aid of the X-rays. A skiagram will prove whether a fracture exists or no, but even if a fracture does exist we cannot be quite certain that the fracture does not depend upon the presence of a growth. As a rule, the line of a simple fracture is shown much more clearly and definitely than that in a fracture caused by growth.

If the shaft of the bone is intact, and is shown in the skiagram to be surrounded by an extensive spindle-shaped area of light shading, I always think it is very suggestive of the presence of a sarcoma; so, too, if darker masses are seen projecting from the shaft into the shaded area. On the other hand, should the shaded area be darker and of less extent, I should incline to the view that the swelling was of inflammatory origin.

Finally, we would make an exploratory incision, and submit a portion of the mass to the pathologist for microscopic observation. If when we incise the periosteum we find that this strips off fairly easily, and leaves exposed a uniform surface of spongy new bone, we look upon it as an inflammatory mass, and cut a deep trench into the middle of it in the hopes of finding some deeply seated cavity containing

a sequestrum or some pus. If, on the other hand, we find the mass to be soft and vascular, and the exploring finger encounters irregular bony masses in its substance, we think it is a sarcoma and call in the aid of the pathologist. We will not criticise the pathologist; we know how skilled and reliable they are as a rule, but even the pathologists can err, as they did in this case. I have noticed, too, that pathologists usually enquire as to the clinical history of the case. I recollect an old lady who was sent up to me from the country with the request that I should amputate through the thigh for an extensive epithelioma in front of the knee. She brought with her a pathologist's report stating that the portion which had been examined was certainly epithelioma. The knee was the subject of extensive tertiary syphilitic ulceration, which completely cleared up after a course of potassium iodide.

So, gentlemen, you see that after all our endeavours a certain element of doubt still exists; small wonder is it, then, if accidents, such as unnecessary amputation of limbs do occasionally occur, and knowing the difficulty of diagnosis we must deal leniently with our surgical confrères who have been unfortunate enough to meet with such accidents.

Now, I will make a few remarks about the operation we performed upon this patient, the so-called inter-scapulo-thoracic amputation. She was placed towards the edge of the operating table, and then an incision was made over the middle third of the clavicle, parallel to its long axis. The soft tissues were divided right down to the bone, which was then denuded of the periosteum by means of a raspatory, cut across with an Adams' saw at each end of the incision and the portion thus separated was removed. The periosteum, the subclavius muscle and its sheath were next cut across with a knife, and the subclavian vessels and cords of the brachial plexus were exposed. The next step was to isolate the subclavian artery, and divide it between two firmly applied reliable ligatures; the subclavian vein was treated in a similar manner, and the brachial nerves were hooked up by an aneurysm needle and the whole lot completely severed with a snip of the scissors. Text books upon operative surgery generally advise leaving the division of the brachial nerves till the end of the operation" thinking that the patient's strength will not hold out if it receives so great a shock at first. On the other hand, we might argue that after the patient's strength has been taxed to the utmost during so severe an operation, the division of the brachial nerves will just put the finishing stroke to it and cause the patient to succumb, so it is as broad as it is long. I divide the nerves early in the operation, since, by so doing, much of the skin which is divided by the subsequent incisions has been deprived of its nerve-supply, and consequently no shock would be produced by making these incisions.

The second incision was commenced at about the middle of the first and carried downwards over the front of the shoulders and across the anterior axillary fold, thence it was carried horizontally backwards across the inner aspect of the arm to the posterior axillary fold, and from there to the inferior angle of the scapula. The third incision was made from the first incision and carried over the back of the shoulder to join the second at the inferior angle of the scapular.

All the muscles which connected the upper extremity were then rapidly divided and the limb removed.

A few bleeding points were secured, and several enlarged axillary glands which were lying exposed on the thorax were pulled away. The large flaps were united with fishing-gut sutures, and dressing applied.

I performed an exactly similar operation once before—some years ago—upon a little girl with a sarcoma high up on the shaft of the humerus. She also did perfectly well and never suffered from shock; she, however, died some four months later from secondary deposits in the spine. I recollect that in her case we had our suspicions of the presence of secondary deposits aroused by the fact that she complained of great pain in one lower extremity from no apparent cause; but after consultation with my colleagues, it was decided to amputate, and thus give her the chance of getting rid of her disease. In the present case there are no evidences of secondary deposits, so I have every hope that by doing as we have done we have entirely freed our patient from her trouble.

## Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Wednesdays, February 8th and 15th, 1.30 p.m., Clinical Surgery, by Messrs. Jacobson and Symonds respectively.

Thursdays, February 9th and 16th, 4 p.m., Clinical Medicine, by Dr. Newton Pitt.

Monday, February 6th, 1.15 p.m., lecture by Mr. Brailey.

Monday, February 13th, 1.15 p.m., lecture by Mr. Steward.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## The New "Squash" Court.

DEAR SIR,—May I draw the attention of Guy's men to certain facts concerning the new "squash" court? In the first place, we are indebted to the Governors, who have supplied the necessary money for its erection. Also, there is, I believe, a tradition that residents have a prior claim to the use of the court. This is not the case, for all members of the Clubs' Union have an equal right to it.—Yours truly, H. F. BELL WALKER.

## "A Simple Method of obtaining Extension."

SIR,—It is with great interest that I read Mr. Golding-Bird's lecture on the Treatment of Fractures of the Femur in the last number of the GAZETTE, for except for this and the previous lecture some years back there is no reference available of the details of the Hodgen splint.

I have used the splint on several occasions since, being in general practice, and have obtained satisfactory results; but the chief difficulty is the failure of extension on account of the creeping downwards of the strapping which supports the stirrup. This is a great source of annoyance and worry, for the strapping always requires to be reapplied at most inconvenient times, and of course if the extension fails, even for a few hours, considerable damage to the fracture may result.

A month ago I had occasion to apply extension to the leg of a young girl on account of old tubercular mischief in the hip-joint, which had shown signs of lighting up again. As it was a question of keeping up the extension for at least two months, I did not feel inclined to apply an indefinite number of pieces of strapping to hold a stirrup. I therefore got a boot-maker to fasten a piece of picture-cord to the sole of a comfortable lace-up felt boot and carried the cord over the end of the bed to the weight. The result is very satisfactory, all the requirements of the case are met, the patient has been saved the unpleasantness of the strapping, and I, myself, the trouble of putting it on.

The boot has the advantage over the strapping of ease and quickness of application and cleanliness The hold of the foot being absolute, any degree of tension may be obtained, and it seems to me a method which might well be adopted in the use of the Hodgen splint.—I am, etc.,

GERALD G. HOVENDEN, M.D., B.S.

## Students' Chapel Choir Supper.

DEAR SIR,—May I ask you to spare a few lines in your next issue of the GAZETTE in order to insert some account of the second annual supper, held in connection with the Students' Chapel Choir, on Saturday, January 21st, 1905, at 6·45 p.m., in the Reading Room of the College. Mr. C. H. Fagge, the president, took the chair; the choirmaster and seventeen other members were also present. Many of those present contributed to the music of the evening.

At the close of the proceedings, Mr. Felton proposed a vote of thanks to Mr. Fagge for taking the chair, and a very enjoyable evening terminated with the singing of "Auld Lang Syne" and "God Save the King."—Yours respectfully,

F. HOLCOMBE FULLER, Hon. Sec.

# Specialities.

## Malto Preparations (Hewlett's).

We have examined samples of Liquid Malto, Malto-Eastoni, Malto-Hypophosphites, Malto-Cascara and Malto-Phosphates, as prepared by C. J. Hewlett & Son, 35 to 42, Charlotte Street, London, E.C.

The four latter preparations are combinations of well-known medicines with Liquid-Malto.

Malto, as its name implies, is a liquid extract of malt. It contains a considerable quantity of maltose (malt-sugar)—its reducing power being equivalent to 50 per cent. of that sugar. It also contains a quantity of active diastase. Some idea of its diastatic power will be obtained from the results of the following experiment:—

A 5 per cent. emulsion of starch in boiling water was made, and to it was added 5 per cent. of liquid malto, and the mixture incubated at 37° C. Quantities were removed at definite intervals, and the diastatic action stopped by rapidly boiling the portion removed. The quantity of sugar (maltose) formed was estimated. The following table gives the quantities so formed (deducting the quantity originally present in the malto), and also the percentage of starch converted. It should be noted that the amount of starch used would, when entirely digested by the malto, form approximately 5 per cent. of maltose:—

| Time (minutes). | Percentage of Maltose formed. | Percentage of Starch converted. |
|---|---|---|
| 1 | 0·59 per cent. | 12 per cent. |
| 5 | 1·58 " | 32 " |
| 10 | 1·93 " | 39 " |
| 20 | 2·13 " | 43 " |

Similar results were obtained from a more dilute (2 per cent.) emulsion of starch.

## Cailler's Milk Chocolate.

Samples of milk chocolate have been received from Messrs. Cailler.

he well-known excellence of flavour of this Company's chocolates is quite maintained. The analytical results prove that it is a genuine milk chocolate and that it is an excellent food.

The sample analysed contained 20 per cent. of fat. The physical and chemical constants of the fat indicate that one-fourth of it is milk-fat. It contains also 8 per cent. of milk-sugar and 39 per cent. of cane-sugar.

The results obtained indicate that the chocolate probably contains constituents in approximately the ollowing proportions:

| | |
|---|---|
| Milk-solids ... ... ... ... | 19 per cent. |
| Cocoa... ... ... ... ... | 30 per cent. |
| Cane-sugar ... ... ... ... | 39 per cent. |
| Mineral matter, moisture, &c. ... | 12 per cent. |

The figures obtained also indicate that over a pint of milk of average quality is used in the preparation of one pound of chocolate; that the milk used is of fairly rich quality, and that its cream has not been removed. No adulterant whatever was detected in our analysis.

## Guy's Hospital Dental Society.

A meeting of the above Society was held on Friday, Jan. 20th, at 4.30, the President, Mr. R. Wynne Rouw, M.R.C.S., L.R.C.P., L.D.S., being in the chair. Five interesting casual communications were brought forward by the following gentlemen, Messrs. H. Snell, J. McBride, C. G. G. Lewis, A. W. Parrott, H. E. Marsh.

ter the discussion of the communications had taken place, the President called on Mr. E. S. Pierrepont for his paper on "Inlays," which was listened to with interest. The following gentlemen took part in the discussion which followed, viz., Messrs. Dowsett, Morris, Vine, Snell, Wearing, and Mawer. The lateness of the hour precluded the possibility of lengthy debate, to which his subject naturally lends itself. Mr. Pierrepont having suitably replied, the meeting terminated with a vote of thanks to the chairman.

## Notice.

EGYPTIAN GOVERNMENT.

Ministry of Public Instruction.

The post of Professor of Pathology and Bacteriology at the School of Medicine, Cairo, is vacant. Pay, £800 per annum, private practice not allowed. Applicants should forward copies of testimonials and such other documents as are mentioned in the printed particulars respecting the post, which may be obtained from the Secretary of the Conjoint Board of England, Examination Hall, Victoria Embankment, London. The latest mail by which applications may be posted will leave London on Friday, February 17th. Applications to be addressed to the Director, Government School of Medicine, Cairo, Egypt.

## Dental News.

As is doubtless known to most Dental readers of the Gazette, the former custom of reserving a portion of the issue for exclusively dental news again obtains. We take the opportunity of giving our readers greeting, and of expressing our intention of endeavouring to render this column of interest and utility, not only to dental men, but, we submit, with diffidence, possibly also to those whose sphere of influence over the human body is of a wider extent than our own; and to this end we cordially invite communications from any who may come across unusual cases, or any items of dental matter which they may consider of sufficient interest to be inserted here; all such communications, which will be carefully considered, should be addressed to the Secretary of the Dental Society, Guy's Hospital, S.E.

We should like to remind all Dental men, both past and present, that the annual dinner of the Dental Society has been arranged for Saturday, February 11th, at the Trocadero Restaurant. There may be some past men who have not received notice of the above, the reason being that their addresses are not to be found in the Clubs' Union year book. This increasingly popular function is one of the best opportunities of renewing old acquaintances, and, incidentally, of forming new ones, and it is expected that it will be more successful than ever this year.

On Saturday, January 28th, the Hospital was the scene of a friendly invasion by the members of the Metropolitan and Southern Counties branches of the British Dental Association. The morning was occupied transacting the business affairs of the Association, and at one o'clock an excellent luncheon was served in the dining hall of the College, followed by a few toasts, necessarily briefly proposed, and responded to by Messrs. Ormond, Martin-Henry, Woodruff, Robbins, Payne, and the Dean, the eulogistic terms in which the latter spoke of the Dental School, being keenly appreciated by those members of the school who were present. The afternoon was devoted to some most interesting demonstrations by members of the Association, with which, with one exception, the only fault to be found was that it was impossible to follow them all. Two were given in the old operating theatre, viz:—that by Mr. Frederick Lonnon on Immediate Regulations, and that by Mr. Vernon Knowles on Anæsthetics, which were to a great extent combined. Mr. Vernon Knowles showed examples of novel and efficient apparatus for facilitating the administration of some of the shorter anæsthetics, such as somnœforme and ethyl-chloride, and combinations of these with nitrous oxide. An apparatus was also demonstrated with for continuing the anæsthesia produced by ethyl-chloride or somnœforme, with ether. From an anæsthetic point of view this was very successful, but it raises the vexed question of multiple extraction. We certainly do not agree with it to the extent practised

in the case demonstrated, nor have we any desire to witness such another exhibition of extraction.

IN the Dental laboratory Mr. Hopson gave a demonstration on "the assaying of gold," which was most interesting, especially to those who qualified before metallurgy was included in the curriculum.

IT was in the Conservation room, however, that most of the demonstrations were held. Mr. Parfitt's anatomical articulator excited much interest on account of its originality; though at first sight it appears complicated, it is in reality simple, and with it one obtains an exact reproduction of all the movements of the mandible in nature; and consequently all the upper and lower masticating teeth are in occlusion, as regards at least some portion of their grinding surfaces, in whatever position, within the range of the articulator, the mandible be placed; this should be the aim of all who have adopted nature as their standard in prosthetic dentistry, but we rather doubt if many practitioners would be willing to devote to its use the time which such an accurate appliance necessitates.

## Pupils' Physical Society.

The eight meeting of the session was held in the College on Saturday, January 28th, 1905, at eight o'clock, Mr. F. W. M. Palmer being in the chair. Mr. G. Anderson read an interesting and comprehensive paper on "Thrombosis and Embolism as Complications of Surgical Operations." The paper was illustrated by charts, and dealt with a large number of cases from the reports of Guy's and other hospitals. The following members took part in the discussion:—Messrs. Miller, Layton, A. S. M. Palmer, N. I. Spriggs, and the secretaries. A vote of thanks was passed to Mr. Anderson, after which the meeting adjourned. Thirty members were present.

The next meeting of the society will be held on February 11th, in the Wills Library, and will be a Pathological evening, under the presidency of Mr. H. F. B. Walker, M. B.

TREASURER'S PRIZE ESSAY, 1905.

Saturday, February 25th, has been fixed as the last date for sending in essays to the secretaries for this competition. The subject for the present year is "The Diagnosis of Acute Abdominal Conditions."

With the approval of the Treasurer, condition I. (see page 46 of the Clubs' Union Blue Book), has been altered to read as follows:—

> The prize is open to every member of the society, except qualified men of more than two years' standing at the time of the reading of the paper.

The successful essay will be read and discussed at the last meeting of the society on March 11th.

## Pass List.

### University of Cambridge, January, 1905.

DEGREE OF BACHELOR OF MEDICINE (M.B.), F. L. Woods.

DEGREE OF BACHELOR OF SURGERY (B.C.), H. M. Clarke, F. W. Morton Palmer, O. V. Payne, E. W. Sheaf, C. M. Stevenson, F. L. Woods.

### Final Conjoint Examination, January, 1905.

MEDICINE AND SURGERY.—*R. D. Bridger, *A. Morris.

MEDICINE AND MIDWIFERY.—L. G. Davies.

SURGERY AND MIDWIFERY.—A. B. O'Brien.

MEDICINE ONLY.—H. C. Cameron, G. H. Cheyney, *A. D. Crofts, P. F. Minett, L. Myer, N. H. Oliver, W. S. Orton, T. C. Pocock, M. Bramley Taylor, *S. M. Wells.

SURGERY ONLY.—*C. P. Harvey, *A. V. Maybury.

MIDWIFERY ONLY.—A. H. Clough, V. A. P. Costobadie, J. E. Prentis.

*Denotes completion of examination.

## Appointments.

### Civil.

BICKERTON, J. M., M.A., M.B., B.Ch. Oxon., has been appointed Honorary Assistant Surgeon to the Cancer and Skin Disease Hospital, Liverpool.

BLACK, KENNETH, F.R.C.S. Eng., has been appointed Resident Surgical Officer to the Manchester Royal Infirmary.

HODGSON, HAROLD, M.B., B.S. Lond., has been appointed Certifying Surgeon under the Factory Act for the Alresford District of the County of Hants.

MYOTT, EDGAR C., M.B., B.S. Lond., M.R.C.S., L.R.C.P., has been appointed Assistant House Surgeon to the Derbyshire Royal Infirmary.

### Naval.

Surgeon R. W. BASIL HALL, R.N., is appointed to H.M.S. *Vengeance*.

## Papers by Guy's Men.

An address entitled Some Thoughts on Convulsions during Infancy and Childhood. By Henry Ashby, M.D., Lond., F.R.C.P., Lond.—*Lancet*, 21st January, 1905.

On the relation between Various Atmospheric Conditions and the Occurrence of Cerebral Hæmorrhage. By James W. Russell, M.A., M.D., Cantab., M.R.C.P., Lond.—*Ibid.*, 28th January, 1905.

# The Evolution of Mind.

A Paper read before the Physical Society by Mr. Kenelm Digby, on January 8th, 1905.

Gentlemen,—Leading psychologists of to-day, of whatever shade of thought, join in assenting to the proposition that mind has undergone and is still undergoing, a process of evolution. Yet, nowithstanding the unanimity of this opinion, the full significance of the conception is often unrealised, for the evolution of a function in a series of animals implies its development from other and simpler functions of quite a different character. So, with the complex human mind, it is necessary to trace the steps in its development from those phenomena which are, by comparison, sc simple, that they may no longer be classed as mental activity at all. To deal adequately with so vast a subject would require an encyclopædia. It is clear, therefore, that I must greatly restrict the range of my subject. And so, gentlemen, I ask your pardon, especially for those errors into which my choice of so comprehensive a topic is likely to lead me. I fear I have treated the matter in a haphazard and fragmentary fashion, omitting much that is pertinent, and, what is perhaps a worse fault, taking for granted hypotheses which are not universally accepted, and which I have not sufficient room to justify satisfactorily.

It would be as well perhaps to begin by saying that it is the writer's firm conviction that psychology may be studied scientifically, as indeed a particular branch of natural science. This is by no means the view held by all professors of psychology, but the fact that little or no progress has been made in the subject, save by means of the scientific method, is surely ample encouragement in adopting this view. As a postulate I must be permitted to take Dr. Maudsley's remark (1a) that—"Mental action is as surely dependent on the nervous structure and its due supply of suitable blood as the function of the liver confessedly is on the hepatic structure and its blood supply; that is the fundamental principle upon which the fabric of mental science must rest." It may be asked, What possible combinations and permutations of such simple units as molecules can yield the intangible and mysterious properties of mind? The object of his paper is to set forth one answer to this question, and the answer must perforce take the form of a brief sketch or diagram endeavouring to give some intelligible conception of the growth of mind. The diagram must lack many details but will perhaps be the clearer for their absence.

Ask a man who knows nothing of engine-construction about the mechanism of a locomotive. He will most likely be able to give you an intelligible account of the principle; how water heated above a certain temperature expands with great force; how this force may be utilized to drive out alternate cylinders, thus causing the wheels to revolve. Yet he will be unable to tell you the actions of all the valves and pistons. So it is with the evolutionary psychologist of the present. He may hazard a general account of the growth of thought and even of consciousness, but the vast majority of details he will be unable to describe with precision. In such an investigation certain data are required. We must have a knowledge of the types of the principal stages of development in the course of evolution. The final stage, so far, is adult civilised man, and the anatomy and physiology of the human brain and the psychology of the human mind are open to study. Similarly open to study, though to a less extent, are the lower animals, which we may regard as representing arrested stages in the growth of mind. But the most recent, and perhaps the greatest complexities have been evolved between man and his simian ancestors, and here the material is not to be found so readily. History, archæology, and folk-lore help to bridge the gap in our knowledge, and fortunately, the results of all these methods may be checked by observation of the child-mind, the growth of which should, according to the law of recapitulation, give in a more or less distorted form the history of the race.

As was said before, in tracing the evolution of mind it is imperative to commence with that which is so simple as to possess no nervous attributes whatever. Take the well-worn instance of the amœba; this has no trace of nervous property. It is true it reacts to external stimuli, it will approach certain substances and move away from others, but this is probably a mere function of surface tension, for a drop of oil in a suitable medium will behave similarly. It has indeed been alleged, that since some multicellular animals have mind and consciousness, therefore any cell must have a rudiment of this property—a "germ of consciousness" as it is called. It would be equally absurd to declare, that since a steam-engine is composed of metal parts, each piece of metal must therefore have a germ of the train pulling ability. The unicellular animal, then, is nerveless and thoughtless; and perhaps the same is also true of the earliest multicellular animals, and indeed of all or nearly all plants, even at the present time. This almost complete absence of a nervous system in plants gives some suggestion as to the first appearance of a nervous system in any living organism.

It is in the divergence of food requirement that an animal differs most fundamentally from a plant. The plant, possessing more perfected powers of synthesis, can feed anywhere on the almost ubiquitous moisture and salts and air: but the animal can only live upon material which has undergone considerable elaboration. To secure its food an animal must travel, and hence the value of motility to animals. Quite aimless movement will be of some advantage, for it will increase the organism's chance of meeting with food. But motion, guided by attraction to food, and repulsion from commonly occurring dangers, will be a much superior quality. This automatic directing power, however, can no longer be the simple matter of surface tension that it is in the case of the one-celled animal. One part of the organism

may receive a stimulus from food, but the stimulus, if diffused equally in all directions, will produce perhaps a general contraction, but scarcely any movement, as a whole, through space. If, however, certain parts of the organism become specialised to contract, a definite motion may be effected. But with this specialisation will come a differentiation of conducting material, for, if the discharge of energy evoked by a stimulus spreads in all directions, but little will reach the muscle or motile element and become effective. This formation of paths for conducting impulses from the periphery to central points follows quite naturally. We should expect such paths to form from the point where energy is evolved to the point where it is easily absorbed. (2)

*Scattered conducting paths.*—This system of scattered conducting paths is the earliest stage in the formation of a nervous system. Certain of the jelly-fishes exhibit this type.(3) Each bears on its subumbrella surface a sheet of circular fibres, which by their contraction squeezes the water backwards whilst the jelly-fish recoils forwards. The muscle is connected with the periphery by fine parallel strands of conducting tissue, which serve to convey impulses from the external sensory surface to the internal muscular fibres. Another example of the same type is the fly-catching plant. Here are similar conducting paths from a sensory surface to a motile element. It represents the furthest stage towards which evolution in this direction has proceeded in plants.

The next step of progress involved two important changes. Firstly, these scattered paths became a network. The arrangement arose originally, simply because a number of paths in a limited space and passing in all directions would be compelled to intersect at certain points. And the device thus secured resulted in great economy, for stimuli from different channels could in many cases be transmitted along common paths to their destinations in muscle elements. Secondly, at the nodes thus formed ganglion cells were developed. Now a ganglion cell is principally two things, a central exchange and a relay station. The superiority of this arrangement over a mere network is at once visible. Antagonistic stimuli in the case of a mere network of paths will produce contractions which oppose one another, but in the more complicated organism possessing ganglion cell bodies, one of the two impulses passing through the same ganglion cell body would be inhibited by the other if both were simultaneous. This has been pointed out and emphasized by Professor Sherrington.(4) Again, the function of the ganglion, or nerve-cell body, as a relay station is readily apparent. The energy of an impulse will be largely expended in traversing a great length of nerve, especially if the initial stimulus be small. If a ganglion cell is interposed containing unstable chemical substances (? such as Nissl granules), the slight energy arriving will discharge a fresh great burst of energy, and so the impulse will travel further and more effectively. What fortuitous changes produced a variation in these directions is not known, but once having arisen it is easy to see how they must have been preserved and accentuated by natural selection.

*Reflex Nervous System.*—This brings us to the reflex nervous system with its sensori-motor arcs. On one side of the ganglion cell, which functions both as a relay station and a central exchange, there are the afferent nerve fibres from the periphery. On the other side is the efferent nerve fibre to the muscles. And this is in outline the nervous system of many animals. Indeed, a close scrutiny of the facts leads to a feeling of surprise at the number of reactions to environment which are merely reflexes of the simplest order. Even in man, much of his nervous life consists in reflexes of a very elementary kind, while in lower animals the simplicity of the reflexes is even more marked. Place food between the chelæ of a crayfish, and it is forced into the mouth by the simplest of reflexes. Or turn the crayfish upon its back and it will directly right itself by purely reflex movement.

As evolution progressed we must assume that a further condensation of the nervous tissue took place. In such a condensed nervous system the intermediate portions of many of the sensori-motor arcs would come to be so interwoven that certain of the reflexes taking place would interfere with the performance of other reflexes. Thus incompatible reflexes in many cases are prevented, and the actions of parts are co-ordinated with the actions of the organism as a whole. "Michael Foster has pointed out that when the normal astacus laid over on its back, is trying to correct its posture, an object, even food, placed between the chelæ is either rejected forthwith or is made use of for leverage in the attempt to return to position. The 'spinal' crayfish similarly placed also struggles and will recover normal posture; but the placing of food in its chelæ renders idle the struggling movements of recovery, for there is thus evoked a feeding reflex which drafts off some or all of the limbs to carry the morsel to the mouth and tuck it between the jaws leaving the remaining tilting movements of the limbs quite ineffective . . . A touch on the abdomen or thorax of the decapitated bee causes it to sting itself at the spot touched, the creature dying from its own sting. The decapitated snake winds round a hot bar just as it winds round a rabbit."(5)

Professor Schäfer, commenting on the above passage says: "The blind fatality of these reflexes justifies the expression that the animal reduced to the 'spinal' condition is no longer an individual, but is a mere series of living segments." But surely this is wrong. In the case of the crayfish, for instance, there is just as much "blind fatality" about a normal crayfish rejecting food until it had righted itself, as there is in the spinal crayfish trying in vain to do both at once. The difference lies not in the fatality of the reflexes but in their compatibility and appropriateness. We get an idea of an animal's individuality because it does one thing at a time, so to speak; because its actions are compatible. Conversely, we say of a man who is a respectable citizen by day and a burglar by night that he is no longer one individuality but that he has a dual personality.

Normally, only compatible reflexes are discharged. Thus, Professor Sherrington says (4): "When two stimuli

are applied simultaneously which would evoke reflex actions that employ the same final common path in different ways, in my experience, one reflex appears without the other. The result is, this reflex or that reflex, but not the two together." So we may simply imagine that reflexes, which would prove incompatible, have to traverse common nerve cell paths so that only one may pass. In this connection it is interesting to note that Professor Sherrington, basing his remarks on enumerations by Donaldson and his pupils, estimates that there are five times as many afferent fibres as there are efferent fibres in connection with the central nervous system of man. (4)

Many interesting stages can be traced in the centralisation of the reflex nervous system. In the annelida the whole system is in slight communication, but a supreme co-ordinating centre is only feebly developed. In the molluscs, such as the freshwater mussel, we see the nervous system has clumped into three almost discrete co-ordinating centres: the reflexes of one set of ganglia are hardly ever likely to be incompatible with those of the other two sets of ganglia. Another necessity for a centralised system is seen, when we consider that often the conjunction of stimuli from various parts is required to produce one reaction. Thus, in the reflex evoked by placing food between the chelæ of a crayfish, the sensory side of the reflex arc is perhaps to be represented by fibres from the retinæ as well as from the tactile organs of the chelæ. The sight, as well as the feel, is necessary to the reflex.

How did all these reflexes arise, which, under usual conditions, subserve the purpose of protecting their possessors so well? How did any particular reflex, say the blinking of the eyes at the approach of a foreign body, appear in the first individuals in which it ever happened? We have not sufficient data to positively answer this question, but grant that once for some incidental reason the approach of a foreign body was followed by closure of the eyelids. The reflex having once been formed, would tend to recur again, and an animal with this protective mechanism against blindness would certainly have the advantage over its less fortunate fellows, and would tend to survive and procreate its kind.

*Action facilitated by repetition.* — And here it is necessary to make a digression to consider how nervous reaction is facilitated by repetition. It is this retentiveness of the past, this tendency to repeat an action which has been performed before, which underlies "habit," and what in the case of conscious acts we term "memory." "Of no mental act," it is declared, "can we say that it is writ in water; something remains from it whereby its recurrence is facilitated." (1b) Although this property is so exceptionally well developed in nervous tissue it is by no means confined to it. If a man has dislocated his shoulder or snapped his collar-bone the accident is much more likely to recur. Nor is the property confined even to living matter, but is present to a less degree in inorganic substances. Thus, a new suit of clothes at first seems strange and uncomfortable, for the cloth folds with difficulty as one moves about. But soon the same creases have been repeated so often that the cloth very readily adapts itself to movements. Again, a bar of soft iron forcibly bent at one point will always be weak there and tend more easily to yield again at that spot. What is the state of matter possessing this tendency to repeat preceding phenomena? The molecules are not in stable equilibrium, for if so, on being disturbed they would swing right back to normal, and no amount of repetition would enable them to be disturbed more readily. Nor are they in a state of unstable equilibrium, for if so their arrangement would be completely and permanently upset at their first disturbance. They are in a kind of neutral state, a semi-stable equilibrium; when disturbed they swing back almost, but not quite to normal. To make my meaning clearer, let me adopt a crude analogy, substituting appreciable masses of matter for molecules. Let us imagine a cargo-ship at sea in a storm. A large wave strikes her and heels her over to the starboard side. Some of the cargo is thrown loose and flung to the starboard side of the hold. The ship slowly recovers and to a casual observer might seem unaffected. But let another big wave come and, in virtue of her displaced cargo she will heave over more readily than before. The previous experience had left an impression facilitating its recurrence.

Thus, where molecules and atoms are arranged in *partly-stable equilibrium*, we may realise, even in inanimate nature, a substance capable of receiving and registering impressions which may be appropriately recalled.

The formation of a complicated reflex nervous system by a series of slow gradations has been traced up to this point. But such a system falls far short of the human mind. An animal endowed with such a mechanism would indeed be enabled to perform countless adjustments to its normal surroundings. But its nervous processes would exhibit neither intelligence nor consciousness, and the problem remains to disclose the dawning of these two faculties.

*Intelligence.* — Intelligence, that is the profiting by experience, probably appeared on the earth before consciousness, and, therefore, deserves prior treatment.

Many actions of animals are termed intelligent, though in no way deserving the name. (6) Thus, the motions of a duck swimming, though admirably adapted to help it through the water, are but direct reflexes, dependent upon the inherited structure of its nervous system, not an intelligently elaborated method. The nesting habits of birds and even their annual migrations are nervous reflexes to particular conditions. There is a great tendency to presuppose intelligence where it dwells not. But there is no doubt that an animal can often profit by its own individual experience. An animal whose nervous system consists only of reflexes fixed and stereotyped by constant repetition could only survive in normal conditions. Change its environment, the same stimuli would give rise to the same reflexes, but these would be useless in the novel conditions, and so a holocaust would commence and continue until (if ever) a variety possessing modified

reflex paths chanced to arise. The newly-hatched chicken presents a suitable type, exhibiting what may correctly be termed intelligence. Professor Lloyd Morgan says(7): "A chick will seize the first soldier-beetle he meets with; but after one or two trials of this distasteful morsel, though he may run towards one if he catches sight of it moving some distance from him, he checks himself as soon as he sees what it is. He controls his tendency to peck at it in the light of his previous experience of its unpleasant taste." Now it is clear that the earlier type representing merely a bundle of reflex paths would not thus learn by experience. It would peck at the beetle every time and spit it out again because of its nasty taste. What is the transition, it may be asked, between these two types, the first which cannot learn by experience, and the second which can?

To answer this question it is necessary to analyse the chick instance a little further. When the chick first comes across the soldier-beetle its behaviour is composed of two reflexes—seeing the beetle and pecking at it, then tasting the beetle and drawing away. In the first sensori-motor arc, there is an afferent fibre from the retinæ, an intermediate cell-station, and an efferent fibre to the muscles. In the second arc the afferent fibres come from the organ of taste, there is an intermediate cell-station, and an efferent fibre to another set of muscles. If the intermediate cell-stations on these arcs lie close to one another, as must frequently be the case in a centralised nervous system, the energy discharged from the first cell station, besides escaping chiefly down the motor side of its arc, may spread to the contiguous cell station and fire off the second reflex before the first has taken effect. The result will be that the earlier reflex will be annulled and perhaps replaced by the second. The animal will have learnt by experience. The sight of the beetle suggests its taste. and this latter induces a repelling reflex which replaces the attracting reflex initiated by the sight.

The abnormal condition of nasty-tasting insects requires a fresh reflex path. This is secured, in the case of the chick, not by the lengthy and uncertain process of waiting for a chance variety in a succeeding generation, but by a new path formation in the individual's nervous system, rendered possible by its extreme plasticity. It may be a long time before the new path ever forms. The story is told of a pike(8) separated by glass from some small fishes. For three months, whenever this pike caught sight of the other fish, it would dash itself against the glass till it was quite stunned, in its endeavour to reach and devour them. Eventually, when the reflex was modified, nothing would induce the pike to attack those particular fish. It is almost safe to say that every instance of intelligence, even in man, is capable of bearing a similar interpretation, though the process may be so entangled that a clue to their working is not readily found. In a delicately balanced mind, altogether fresh patterns are continually arising, some are useful, some are harmful. And to comprehend why the new reflexes, which are good, are chosen, we must suppose a supercentre, which on receiving particular sensations (which may be termed pleasurable) from the periphery, causes the preceding discharges more readily to repeat themselves, thus emphasising any new path which has formed. Thus is evolved a kind of mental selection, replacing the more general natural selection from which it was derived. The economy of life and energy ensuing from this is at once apparent.

*Consciousness.*—The final question of consciousness is a very difficult matter. This is largely because of the confusion which exists as to its meaning. It is often misused to denote the phenomena which it happens to accompany in man. I have omitted current definitions and theories in this paper, and have confined myself to advocating the view which most appeals to me, in order to prevent confusion.

The unconscious analogies of thought and imagination, foresight and deduction have been depicted as mere mechanical processes developed according to the law of evolution. Are we to consider that consciousness also falls within the scope of evolution? An attempt will be made in the following pages to answer the question in the affirmative.

It was at one time alleged that mental action without consciousness was inconceivable, but that this is not so is now generally admitted. The complex reflexes of a spinal frog, the hundred and one mental processes which a man will perform, admittedly without consciousness; all go to prove that consciousness is no invariable concomitant of thought. If one comes to think of it, he will realise that he is only conscious of very little of his mental life. The nervous processes controlling his viscera might not be occurring at all, so far as he knows subjectively. The delicate muscular readjustments controlled by changes occurring in the cerebellum are quite beyond his ken, save in as far as he may observe their effects. Moreover, even those functions, which consciousness usually attends, can take place without it. Witness many cases of sleep-walking. Again, an oft-repeated action soon comes to be performed unconsciously. "Consciousness," says Dr. Maudsley(1c) "lapses when skill is perfect, whether it be skill of thought or skill of action." It may be summed up by saying that consciousness in man only accompanies a few of the nervous processes carried on in the cerebral cortex.

Another point to notice is, that consciousness has appeared quite late in the history of animals. This is hard to prove, perhaps, in the case of lower animals; but there can be no doubt that man for some time, even after birth, is unconscious, and that his consciousness developes gradually during childhood. As man in his growth repeats the history of the race, it is surely a fair assumption that the lowest animals do not possess his peculiar consciousness. "It is only by the attempt to define," says Dr. Mercier, "that we discover that what we thought was a separate thing, is a mixture of things, or a part of some larger thing, or includes something which we thought was foreign to it; or is perhaps not a thing at all, but a figment." Let consciousness, then, be defined, provisionally, as a word denoting a popular conception of the accompaniment of certain mental

phenomena. Consciousness must be distinguished from self-consciousness, which is an individual's realisation that he is in a state popularly called conscious. It must be distinguished, again, from the realisation of one's own existence. One may be conscious of things in general, without the idea of self intruding at all. Lastly, it is not mere purposiveness, for this is exhibited by a reflex system equally well. Some philosophers, in despair, have regarded it as something beyond the range of ordinary phenomena, as a mere accompaniment to nervous action. Dr. Maudsley says[18]:—"To me it seems conceivable that a man might be as good a reasoning machine, without, as he is with, consciousness, if we assumed his nervous system to be equally susceptible to the influences which now affect him consciously." And the question then arises: If a meshwork of reflexes can react so complexly, and perform so accurate an adjustment of the organism to an ever changing environment, why consciousness at all? It can hardly be a useless appendage. A view of consciousness is wanted which will render intelligible what it is, why it is limited to certain actions in the cerebral cortex, why it appeared so late in evolution, and what is the utility which it must have possessed to have been preserved and accentuated by natural selection. And such a view is forthcoming when the matter is considered objectively.

The distinctive features in those mental phenemona which consciousness is supposed to accompany must first be investigated. If several instances of unconscious nervous actions be taken, it will be seen that they all possess something in common. A man in a faint still breathes and performs other nervous reactions but he is unconscious of them all. Again, a soldier who is marching, and who falls asleep from exhaustion, will often continue tramping in step, though undoubtedly he is unconscious of his actions. Or lastly,[11] "The hunters and guides who spend their lives on the plains and mountains (of Kansas), no matter how far or with what turns they may have been led in chasing bison or other game, on their return to camp always take a straight line. In explanation, they say that, unconsciously to themselves, they have kept all the turns in their mind." The common feature in these three cases is that the man is unable to describe those actions of which he is said to be unconscious. In the last instance the hunter was conscious of the direction in which the camp lay, that is he could describe the direction; but he was unconscious of the mental steps leading up to his knowledge of direction, that is, he failed in any attempt to describe them. So a man may be said to be conscious of the nervous reactions which he can describe.[15]

Against this it may be urged that a dumb man is conscious. But then, though a dumb man cannot speak, he can yet describe his thoughts by gesture or manual sign. Perhaps you will say that you are conscious and would conceivably remain so even if you were suddenly deprived of speech and wholly paralysed. But, to digress one moment, if you wish to review any previous action of yours, you may go over it speaking aloud the several events. The sound of the words falling on your ears conveys certain meanings to you, and part of your brain can think about your actions, just as if it were the actions of another described to it in words. But it is not necessary to speak aloud. The idea of attempting to make the word will suggest the idea of having heard the word—the account will have been short circuited. You will still be judging of yourself as if you were another, and of your actions as if they were being verbally repeated to you by someone else. Thus, in the case where you are stricken dumb and paralysed you will still be able to describe some of your thoughts to yourself. So you will regard yourself as conscious, though, unless you recover, no one else will. When a man can describe his mental reactions to others or to himself, he is said to be conscious. But the view here advocated is to regard consciousness, as usually conceived, to be a myth.

When one man sees himself or another moving and describing his movements, he erroneously presupposes some metaphysical abstraction at the back of it all. He is making the same sort of mistake as a man who thinks that a log bobbing about in the rapids is alive and possessed of a non-material personality. Supposing the intelligent but automatic chick was so modified that besides performing suitable reflexes, in addition it accompanied them with words. Supposing the chick possessed a human larynx and also that the intermediate cell-stations on its sensori-motor arcs were connected with motor word centres, so that each action could be accompanied by appropriate language, who would deny that the chick was as conscious as we?

The nervous system is a tangled mass of paths of an ever changing pattern. The equilibrium of this system is being continually upset by impressions from the outer world, and the energy discharges brought about by the disturbance, ultimately empty themselves into the muscles. In an animal we may study both ends of the process, the disturbing stimuli and the resultant changes in the organism, but the intermediate steps are hidden. We cannot trace the channels taken by the streams of discharged energy. The difficulty is most marked in slow and complicated reactions. But in man there are certain points in the cerebrum such that when they are traversed by impulses, some of the energy is side-tracked to produce a sound or combination of sounds. These centres have never been ascertained automatically, but their existence is physiologically certain. They render it possible to trace the mental reactions. Thus, we notice that certain cells on being stimulated tend to discharge certain other cells. For example, the cell, or group of cells, which on being discharged would cause the various muscles to produce the word "yellow," would in its discharge also stimulate the centres corresponding with nearly everything we have thought of as yellow—oranges, ribbons, primroses, etc. The stimulus in each case would probably be subminimal. If at the same time the group of cells concerned in producing the word "round" was discharged, it would tend to stimulate any cells, which had been previously stimulated by impressions of roundness

—billiard-ball, apple, orange, etc. Here, again, the stimuli by themselves would be sub-minimal, but by summation of stimuli, the contemporaneous discharges of the cells concerned in producing both the words "yellow" and "round," would discharge the cell which caused the word "orange." So if you ask anyone what it is which is both yellow and round, you will probably receive the answer "an orange." It is very easy in reading aloud to miss the sense of a passage. This is because, say the cell which may be designated "yellow" discharges nearly all its energy in producing the word "yellow," and very little in spreading round and suggesting fresh combinations.

This case shows what value should be attached to the subjective method of which psychologists make so much. It gives us a basis upon which to found a scheme of brain paths. Since the motor word—centres—writing or speaking—control the chief methods of communication in man, it becomes clear why it is mainly cerebral reactions which we can describe, or, as it would be popularly expressed, of which we are conscious. Consciousness has been compared to the dial on the face of the clock which indicates the inner workings of the machinery. If the position of the dial is supposed to influence in some way the machinery of other clocks, and also automatically to affect its own works, the analogy may be taken as complete.

A number of further points arise. How far on this view can lower animals be said to be conscious? If the foregoing view be correct, consciousness should cease to be a word of any scientific meaning, though it would often be retained for convenience. An ant, for example, can communicate its mental processes to its fellows to some extent, and if a man could understand their signs he would be compelled to admit that they exhibited exact analogies to that which in ourselves has been termed consciousness. That is why a dog-keeper will fancy that his dogs, which he begins to understand, do really possess metaphysical personalities. Of course, he is wrong, strictly speaking, though his views may be defended on the grounds of convenience.

A noticeable feature is that we are conscious of or can describe nearly all nerve mental processes. Most thoughts take place in word symbols (*i.e.*, through cells which can discharge appropriate words) for they thus have the added benefit of being communicable. Hence they are those of which we are said to be conscious. But the ability to communicate visceral reactions is not very valuable, so tendencies in the direction of such an ability have not been picked out by natural selection.

Without language of some sort communication would be impossible. The formation of language accompanied the growth of social habits. Language, probably, was first foreshadowed when animals became gregarious. A herd of animals grazing together would cover but little more space than one, but would have a hundred noses and eyes and ears for possible danger. When one such smelt anything suspicious, it would lift up its head and sniff, and soon the sniff would come to have a meaning —Danger. Or when wolves were hunting in pack and the leader sighted the quarry the extra stimulus would cause such an overflow of energy as to cause it to bound forward and emit a cry; and this would came to have the same significance as when children playing, call "I spy." Especially again when savages worked together at something requiring concerted and well timed action, the overflow of energy from the cerebral cortex produced noises, and these noises helped them to keep time, just as you may see sailors to-day sing-songing as they pull upon a rope. (12) The first words were the accompaniments of movements, and hence denoted action, and were verbs. Later, nouns were formed from verbs. Thus, as Professor Lloyd Morgan says (7b):—"The moon became the measurer, the sun the shining one, the wind the one who bloweth, the fire the purifier, and so forth." Many nouns also were formed as imitations of the noises of animals or of inanimate nature. The more abstract adjective may have been formed from the noun. "For instance, the Tasmanians say "stone-like" for "hard," "moon-like" for "round," and "with long legs" for "high." (13) So we may guess at the dim beginnings of what has become one of the mightiest instruments possessed by man.

A brief summary of the foregoing view of consciousness may render its meaning more apparent. It states that the mental actions of which man is said to be "conscious" are those which the individual is capable of describing to itself and others. And this definition of consciousness is to be defended on the following grounds:—

1. The fact that "consciousness," so-called, confessedly undergoes evolution points to the fact that it is a mere quality of evolving matter.

2. This definition renders intelligible the appearance of "consciousness" at all in animals. If, as in this definition, "consciousness" is identified with the ability to communicate, its utility is at once apparent. If, on the other hand, consciousness is to be regarded as something apart, its development anywhere becomes a mystery.

3. This definition makes the appearance of "consciousness" so late in the evolutionary scale readily explicable. It is only amongst animals which work together that the power to communicate acquires any value. So:—

4. It comprehends the consequential relation of consciousness to social habits.

5. It comprehends the casual relation of consciousness to increased analytic powers of thought. Language, which is the manifestation of consciousness, provides a set of common symbols for thought.

6. It renders comprehensible the undoubted fact that many of our actions may be performed unconsciously as well as or better than if performed consciously.

7. It shows why we are conscious of some things—those which it is advantageous to communicate, *e.g.*, sights, sounds, and so on, especially when they are new —and unconscious of others, for example, visceral and muscular impressions.

8. It makes clear the fact that the cortex is the sole seat of consciousness in man. For it is in the cortex that the centres of speaking and writing are situated.

Since the inception of language, thought has proceeded apace. Man finds himself surrounded by a vast host of phenomena. As he lives on, he sees that some of these seem to appear in definite order; he catches the glimmer of short sequences in the welter of his heterogeneous surroundings. As he remembers these, he is better able to order his life, and to aid his memory, he strings together the events in these sequences on a hypothetical chain of cause and effect.

A consideration of the evolution of particular faculties, such as the mathematical faculty, or a consideration of the significance of desires and pleasure and pain, are out of place in a general treatment of the subject.

*Free Will.*—These views, it may be said, would destroy the reality of free will. So they do, if free will is to be regarded as an inconsequential, irresponsible entity. But they are not inconsistent with the use of the idea as a convenient working symbol. They are not opposed, for example, to the principle of punishing an individual for a crime against society, for the knowledge that society will punish and abhore him, deters many a person from crime. The idlest words that are uttered, are the response to something which has gone before. So much is this the case, that if one delivers himself of an apparently inconsequential remark, his friends will demand to know of what that remark is á propos.

The philosopher and the drunkard alike are the products of their surroundings, using that word in its widest sense. The iron will of a Cromwell does not originate in the man. It represents, simply, a number of past and present forces condensed, and brought to a focus, and thence reflected. The barbarian philosopher regarding the moon will believe it shines with its own light. And so it is with the mind. The source of its energy is frequently so obscure that we are tempted to regard the mind as the fount and origin of its own energy. The response may be so altogether out of proportion to its more immediate cause, that at first sight it seems as if the principle of conservation of energy cannot hold. Thus, Professor Muirhead, in a recent publication, maintains that "we must limit causation, and conservation of energy to the material world, and must look to some other conception when we come to the action of the mind itself."(14) But there is really no mystery. For the energy derived from metabolism is stored as potential chemical energy in the neuron bodies, and that a slight stimulus should serve to discharge this is no more extraordinary than that a charge of dynamite should be exploded by a slight percussion.

*Functions of Nervous System.*—If the foregoing views be adopted, the functions of man's nervous system, enumerated in their order of development, would be as follows:—

1. To enable the individual to perform the more delicate adaptations to environment by simple reflex movements.
2. To co-ordinate these movements.
3. To enable the individual to learn by experience, that is, to modify his reflex paths in virtue of their instability.
4. To co-ordinate the actions of society by means of communicable thoughts.

The process of mind evolution has been progressing through almost countless æons of time. Since the range of variation is restricted, each step in advance must have been a short step, and for each step in the present direction there were hundreds of false steps in other directions. Each minute modification of the mental powers, in order to escape the ruthless pruning knife of natural selection had to be of greater advantage to its predecessor than any of the contemporary mental structures.

Mental evolution is not a thing of the past, a mere fossil of academic interest alone. It is also a process of the present and will surely be a process of the future. And when once its workings in the past have been set upon a more satisfactory and generally accepted footing, the problem of mind evolution will become a vital question of scientific statecraft. For there can hardly be a shadow of doubt that the eternal struggle for supremacy among the races will depend in the near future almost entirely upon mental ability.

As to the type of mind in the distant future, if evolution continues, nothing can be prophesied with certainty. One is almost tempted to hazard a few wild guesses, but amid so much that is vague and uncertain, it is better to be contented with saying that the mind of the future will contain faculties the very nature of which we cannot conceive, and which we could no more comprehend, even if presented to us, than a rabbit can understand the mathematical faculty.

NOTES.

1a. "Physiology of Mind." Dr. Maudsley. p. 84.
1b. " " " p. 27.
1c. " " "
1d. " " " p. 25.

2. "Principles of Psychology." Herbert Spencer.

3. According to the article in the "Encyclopædia Britannica," many if not all of the jelly-fishes have definite ganglia, in which case they are a higher type than here represented.

4. Opening Address to Physiological Section. British Association, 1904. Prof. C. S. Sherrington. Reprinted in "Nature," September 8th, 1904.

5. "Physiology." Prof. Schafer, vol. ii., p. 834.

6. Many further instances are given by John Burroughs in articles in the "Century Magazine" for 1904.

7. "Habit and Instinct." Prof. Lloyd Morgan. p. 132.

7b. "Animal Life and Intelligence." Prof. Lloyd Morgan. p. 374.

8. Quoted by Mr. Burroughs in "Century" from Darwin.

10. Review of Professor Allbutt's book. "Notes on Composition of Scientific Papers" in "Brain." Summer part, 1904.

11. "Nature," 22 May, 1873, p. 77. G. C. Merrill. Quoted in "Brain as an Organ of Mind," by Dr. Rastian.

12. "Mind of the Child." Wilhelm Preyer, 1881.

13. "Volkerkunde." Von Oscar Peschel, p. 116. Quoted by Maudsley.

14. Review in "Nature," 17 November, 1904, of "Ideals of Science and Faith."

15. I have never seen consciousness identified with the ability to communicate, but the all importance of language in conscious thoughts is recognised by G. H. Lewes in his "Problems of Life and Mind." For instance, he says, "Language—which is wholly a social product for a social need—is the chief vehicle of symbolical operation, and the only means by which abstraction is effected. Without language there can be no meditation, no theory, no thought, in the special meaning of that term," p. 173. It is also recognised by Max Müller in his "Chips from a German Workshop," Vol. iv., where, for instance, he says, "It is possible to see, to perceive, to stare at, to dream about things; but, without words, not even such simple ideas as white or black can be for a moment realised." p. 504.

# Finsen Light.

A Paper read before the Lambeth Division of the Metropolitan Branch of the B.M.A., 19th January, 1905.

By G. SICHEL, F.R.C.S

GENTLEMEN,—I must in the first place thank you very much for the great compliment you have paid me in sking me through Dr. Craig and your Secretary to read this paper on "Finsen Light." My remarks are simply intended to be an explanatory introduction to a visit to the newly equipped Light and Electrical Department of this Hospital.

What is Finsen Light? If a ray of white light be passed through a prism and cast on a screen, it is seen to be split up by refraction into its seven component parts, to form the visible spectrum. Beyond the visible spectrum on the right we have the ultraviolet rays, and very much further to the right we come to the cathodal and then to the X-rays; while on the left we have the infra-red heat rays just beyond the spectrum, and a long way further on again are the Marconi or wireless telegraphy rays. I am not sure that, in the light of present knowledge, I have placed the X-rays in their scientifically correct position, and the suggested connection between Electricity, Heat, Light, and Chemistry, is to be taken merely in the broadest sense.

The Finsen light includes, then, the blue, indigo, violet, and ultraviolet rays, of which the latter are probably the most important, and finally it must be recollected that the Finsen light is a *concentrated* light.

What are the properties of these rays which are of interest to us as medical men? Well, it has been recognised for hundreds of years that light exercises a potent stimulating influence on animal organisms; so the old Greeks and Romans used to expose themselves naked to the rays of the sun, taking natural light-baths. Light is essential to plant life, and the chemical changes associated with vegetable metabolism. Light, then, is a stimulant; secondly, it is bactericidal to putrefactive micro-organisms, and this bactericidal power exists chiefly in the blue, violet, and ultraviolet rays, especially the latter, but it is important to remember that this bactericidal action is stopped by a very thin layer of organic matter. Finsen himself seems to me to have attributed the beneficial results of his treatment in lupus to this bactericidal action, but in the knowledge of more recent research it appears more likely to be due to the reaction caused in the surrounding tissues leading to phagocytosis and hence destruction of the noxious influence.

Furthermore, in both patients and nurses, the light treatment causes a feeling of tiredness and sleepiness, which I attribute to increased metabolism, and it may be hoped that in the near future we shall have in these rays an efficient remedy for the sleeplessness of neurasthenia. Associated also with this trait may be mentioned the powerful psychic influence of light on some of the lower animal organisms, as witness the fatal attraction for moths of a candle or other flame.

With regard to the Finsen lamp; the source of the rays is a powerful carbon arc light, for electric arc light comes next to sunlight and magnesium light in chemical strength, and is the most convenient, since sunlight cannot be depended upon and magnesium light is difficult to regulate and gives off too much smoke.

In Finsen's lamp the carbons are automatically kept the right distance apart by means of a magnetic arrangement. In the big lamp the light is surrounded by four "telescopes" which are constructed (1) so as to concentrate the rays, (2) to cut off the infra-red or heat rays, (3) to obstruct the passage of the ultra-violet rays as little as possible. The four "telescopes" by means of lenses renders the divergent rays from the arc, first parallel and then convergent; the infra-red rays are cut off by passing the light through water, which is contained in each of the telescopes, and which possesses the property of obstructing the infra-red rays, while the blue and ultra-violet are allowed to pass; and finally, all the lenses for concentrating the light are made of quartz, since this substance is transparent, while glass is opaque to the ultra-violet rays.

Lastly, in order to render the part anæmic (and this is essential to the treatment) each "telescope" is equipped with a "compressor," which consists of two quartz plates separated by a stream of circulating cold water, set in a metal frame, which is held firmly by the nurse on the part under treatment.

Besides the big Finsen lamp up in the department you will see two smaller lamps, both modifications of the original, and to all intents and purposes constructed on the same principles; one is the Finsen-Reyn lamp, and the other the Lortet-Genoud, or French lamp, which I

believe also owes much in its design to Dr. Sequeira, of the London Hospital.

We also use an Iron Spark lamp which is claimed to produce more ultra violet rays than the carbon arc of Finsen, and also possesses the two advantages of firstly causing the minimum of heat, whereby water cooling circulation is dispensed with, and secondly requiring a much shorter sitting; thus, while Finsen's lamp wants an hour each time, the Iron Spark lamp treatment only occupies ten minutes. At St. Bartholomew's Hospital they use nothing else for their Lupus patients.

When we go up to the ward you will see the treatment in progress. The disease of all others which has been found to benefit by the Finsen light treatment is lupus vulgaris.

There are, and have been for a long time past, many other methods of treatment for lupus.

The special advantages of this treatment are, it is more effectual than any other, it is painless, the cosmetic results are excellent, and sound tissue is not destroyed. In treating a patch of lupus it is best to begin at the growing edge; a favourable result may be expected in about 85 per cent. of cases. The sittings with the large lamp should be one hour daily.

After treatment, the irradiated part becomes red and swollen, some burning is felt, and often after twenty-four hours or so a large blister forms; when this has all healed the same place may be treated again.

Fatty degeneration of the protoplasm and necrobiotic changes in the nuclei of the giant cells, and other granuloma cells occur. The lupus patches become gradually replaced by smooth soft scar tissue where ulceration has occurred, and healthy skin where no ulceration has occurred. The great disadvantages are the expense of the apparatus and the individual trained nursing necessary; for each patient requires the undivided attention of one nurse.

The Finsen light treatment has also been applied in alopecia areata, lupus erythematosus, superficial epithelioma, vascular nævi, and other skin diseases, with results which may on the whole be considered encouraging.

## Change of Address.

Mr. Kenneth Black, F.R.C.S., from St. Thomas's Hospital to the Royal Infirmary, Manchester.

Dr. H. W. Collins, from Langford, Bristol, to Valetta Walton, Clevedon, Somerset.

Mr. W. E. Derriman, L.D.S., from Cerne Abbas, Dorset, to 18, Cheap Street, Bath.

Mr. E. Lawrence Pilbeam, L.D.S., from Guy's Hospital, to 71, Beaufort Street, Grahamstown, S. Africa.

Dr. C. R. Shattock, from 22, Station Road, Willesden, to 25, Heathfield Terrace, Chiswick, W.

Dr. P. H. Ward, from the Ayrshire Mine, S. Rhodesia, to Murraysburg, Cape Colony, S. Africa.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Sport.

FOOTBALL FIXTURES.

Saturday, February 4th.

G.H.R.F.C., III., v. Old Whitgiftians, away.
G.H.A.F.C., I., v. Surbiton, away.
II., v. Normanhurst Druids, home.

Sunday, February 5th.

G.H.R.F.C., I., v. Racing Club of Paris, Paris.

Saturday, February 11th.

G.H.R.F.C., I., v. Lennox, away.
II., v. Lennox II., away.
III., v. U.C.S. Old Boys, away.
G.H.A F.C., I., v. Normanhurst Druids, home.
II., v. Central Technical College, home.

Saturday, February 18th.

G.H.R.F.C., I., v. Harlequins, away.
II., v. Old Merchant Taylors II., home.
G.H.A.F.C. I., v. Old Forest-hillians, home.
II., v. Clapham Rovers, away.

HOCKEY FIXTURES.

Saturday, February 4th.

G.H.H.C. I., v. Woolwich Garrison, at Woolwich.
II., v. Beckenham II., at Beckenham.

Saturday, February 11th.

G.H.H.C. I., v. 1st Army Corps, at Aldershot.

## Calendar.

February, 1905.

Sat. 4.—Messrs. Lucas and Lane's take-in; Drs., L. J. Paterson Clavier and R. Willan; Cl., E. W. Sheaf.

Thur. 9.—Messrs. Golding-Bird and Dunn's take-in; Drs., J. G. Phillips and A. Walker; Cl., E. C. Hughes.

Fri. 10.—Test Exams. for Revision Classes for Final L.D.S. Eng. begin.

Sat. 11.—Dental Society's Dinner at 6.30 p.m. Physical Society's meeting at 8 p.m. "The Superstitions of Medicine. By F. W. M. Palmer, B.A. President: J. S. Cooper, M.A., M.B., B.C.

Thur. 16.—Mr. Jacobson and Sir Alfred Fripp's take-in; Drs., R. Davies-Colley and G. W. Goodhart; Cl., R. Felton.

Fri. 17.—Meeting of the Dental Society at 4.30 p.m.

# United Hospitals Hare and Hounds.

MATCH v. THAMES H. & H.

This was run at Roehampton on January 21st, and resulted in a victory for the Hospitals by seven points. Owing to the frost, for the inter-varsity course that was to have been used, another about seven miles in length was substituted, consisting mainly of grass and road. We had practically a full team out, but the T. H. & H. were not at their strongest, though they had the Oxford cracks, Dawson and Huyshe, running for them. At half distance we had the match well in hand, as we had six in the first eight, but at this point Carr and Watson had the misfortune to strike a foreign trail, being followed by Hillyard (T. H. & H.), and these three went thirteen miles before getting back. Those behind also went wrong, getting on to the Ranelagh H. trail, but luckily Stone recovered the correct route and finished the prescribed course, otherwise we should not have furnished enough men to count in, and a draw would have resulted. Dawson's time was 43 min. 40 sec., Candler being fifty yards behind, and the others a good way behind. Placings:—

| | | |
|---|---|---|
| 1. | G. Dawson ... ... ... | T. H. & H. |
| 2. | A. L. Candler ... ... | St. Bart.'s. |
| 3. | R. R. Huyshe ... ... | T. H. & H. |
| 4. | G. C. Birt ... ... ... | R. Dental. |
| 5. | W. H. M. May ... ... | St. Bart.'s. |
| 6. | A. R. Snowdon ... ... | St. Bart.'s. |
| 7. | E. R. Stone ... ... | Guy's. |

T. E. A. Carr (Guy's), W. H. Watson (Guy's), B. Hillyard (T. H. & H.), C. Lloyd Roberts (T. H. & H.), and F. S. Lloyd (T. H. & H.) lost the trail.

Points (Varsity system)—

U. H. H. & H. ... 2, 4, 5, 6, 7 = 24.
T. H. & H. ... 1, 3, 8, 9, 10 = 31.

Members will be glad to learn that H. Stott (Guy's), Hon. Sec. U. H. H. & H., has been going on well since his unfortunate accident at Dublin, in which he broke his leg, though progress has been somewhat slow, and that he will be able to return to England on Jan. 25th.

The date fixed for the Inter-Hospital cup race, is Saturday, Feb. 11th, over the ten-mile course, at Blackheath. The following hospitals will compete: St. Bart.'s (holders), Guy's, London, St. Thomas's, and possibly the Royal Dental.

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Five Years' Medical Work on Lake Nyanza.* Robert Howard, M.B., B.Ch. pp. 124. (Universities' Mission to Central Africa.) 2s. 6d. net.

This report by an old Guy's man to the Medical Board of the Universities' Mission will prove interesting reading to medical men, whether they be interested in foreign missions or not, as it embodies a valuable contribution to the discussion on the relation of the mosquito to the propagation of malaria. Each European station on the lake is taken in turn, and its physical geography described and illustrated by a sketch map; the health record for that station is then given, and compared with the prevalence of the various forms of mosquitoes which occur in the neighbourhood. A large mass of statistics is collected, which will prove invaluable to all workers in this modern field of medical research, and the pamphlet closes with some precautions which missionaries should take for the preservation of their health.

## Births.

BRYANT.—On January 17th, at Mansfield Street, Cavendish Square, W., the wife of J. H. Bryant, M.D., F.R.C.P., of a son and daughter.

CLARKE.—On January 4th, at Windsor House, Morley, Leeds, the wife of W. Travers Clarke, M.R.C.S., L.R.C.P., of a son.

## Marriages.

MULLINS—MAASDORP.—On January 7th, 1905, at S. Paul's, Rondebosch, by the Rev. Canon Mullins, assisted by the Rev. A. T. Rendle, Reginald Cuthbert Mullins, M.B., B.Ch. Oxon., fourth son of the Rev. Canon and Mrs. Mullins, of West Hill, Grahamstown, to Winifred, elder daughter of the Hon. Justice and Mrs. Maasdorp, of Hillside, Rondebosch.

PALMER—CHESTON.—On January 18th, at St. Peter's, Hammersmith, by the Rev. F. Hume, rector of Oakley, Hants, Charles Lucey Palmer, of Cynthia House, Newmarket, to Maud Esther, daughter of the late Thomas Charles Cheston, of Chessett's Wood, Warwickshire.

PENNY—NORFOLK.—On Tuesday, January 24th, at Talbot Tabernacle, Bayswater, by the Rev. G. Wearham, Charles B. Penny, M.B., only son of William Byers Penny, to Marian, fourth daughter of the late Edward Norfolk, of Lee Terrace, Blackheath, S.E.

## Death.

YOUNG.—On January 30th, at Bognor, Louie, wife of John Young, M.D., Stamford Hill. Funeral at Putney Vale Cemetery, 1.30 on Friday. No flowers, by request.

Eds. R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 437.] FEBRUARY 18, 1905. [SIXPENCE.

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## Passim.

THE renovation of Luke ward, which has been impending for a very long time, has at last actually begun. There will not be many found to regret the alterations that will be made in the ward as it now stands, for the old Luke, one of the last of the old surgical wards, was a depressing department with a peculiar odour of its own that defied analysis. We have a confused idea also that it was haunted; if so, the ghost should be feeling rather small with things as they are at present, more especially as there is little prospect of improvement from a spectre's point of view. The top floor of the surgical block is at present doing duty for Luke ward.

MR. REGINALD FARRAR'S lecture on Japan, which was delivered on Tuesday evening last, February 14th, in the Physiological theatre, was well attended and exceedingly interesting, the lantern slides being exceptionally good. The audience were indebted primarily to the Countess of Bective for inducing Mr. Farrar to lecture at Guy's, and it is to be hoped that the enjoyment given, and the break in the inevitable routine thus afforded to many of the nurses, may lead to other similar experiments in the future.

THE Annual Dinner of the Dental Society held at the Trocadero on Saturday last, February 11th, was a thoroughly successful affair. This dinner is notably one of the best of the Hospital dinners, and this year it in every way preserved its reputation. The attendance was good and the speeches were commendably short. It is always the custom to speak thus of after-dinner speeches; it is wonderful that it should never give offence, but somehow it never does. The Dental Society's custom of inviting at least one L.D.S. Examiner was very wisely not departed from, and the effect of his experience remains to be seen.

To many, the opening of a children's ward at Guy's has long been a cherished project, and, in fact, some time back we were definitely informed that the apartment had been decided upon and would be furnished and opened in due course. But our semi-official informant's active

imaginings have not been justified by events. Why is semi-official information always worthless? Nevertheless, the subject has been much discussed of late, and it seems probable that in the not very distant future the children's ward will be an accomplished fact. The sentimental desirability of a separate ward is obvious, but there are several practical objections which have to be considered, of which the likelihood of frequent closings for infectious diseases is not the least important. From the point of view of students, however, there can be no two opinions about such an innovation, for what the average man knows of children's diseases when he leaves the Hospital can be written with perfect ease and a thick nib on the back of a postage stamp. Peeps into the future are apt to be unduly exciting, and if too often indulged in breed discontent with the present, but is it possible that there will some day arise a generation, whose knowledge of infantile disorders gained by a three months' course at the cot-side, will be only equalled by their practical insight into —say—the methods of Actino-Therapy?

Dr. Robert Marsh Rendall, who died on January 14th, at Weymouth, at the advanced age of 93, must have been one of the oldest, if not the oldest Guy's man. He qualified as far back as 1836. His two sons, practising at Maiden Newton and Leamington respectively, are both old Guy's men, while his grandson is at the present time a student at the Hospital. All will join in an expression of sympathy for Dr. Rendall's family in their bereavement.

We have also to record the recent death in Canada of another Guy's man, of a younger generation. The name of W. G. Mitchell will be well known to many Guy's men, and especially to those interested in international football. We regret that the details of his death are not to hand, but in another column will be found an appreciation of him, written by a fellow student. We would offer our sincerest condolence to all Dr. Mitchell's relatives and friends.

The appendix is once more a burning household topic, and though it be to twice slay the slain, for the life of us we cannot refrain from retailing the following story sent to us by a correspondent. In the smoking-room of a Hastings hotel, two old boys were discussing the liability of the royal family to appendicitis; one pointed out the advantage of operation at an early age. "When I was a lad," he said, "my appendix used to hang about in my throat till it made me quite sick, but my mother, she took me to the doctor, and he cut off the last inch and a-half of it, and I've never had any trouble with it since." Our correspondent goes on to add: "When one compares this with the difficult and dangerous operations which sometimes have to be performed in late life, it was impossible not to congratulate him on having a doctor with the sense to do the right thing at the right time."

The layman is becoming altogether too well up in this disease, so much so that medical men will soon have to look to their laurels. An undiagnosed husband lately lay sick of an abdominal complaint, and appendicitis had been considered by the anxious practitioner, who had advised removal to a hospital, where surgical aid could be had, if required, at greater advantage. But the wife, who was a "highly-strung" woman pooh-poohed the idea. It could not be appendicitis because his breath was so foul—let him remain at home. Meanwhile she fed him by dropping jelly into his mouth from a spoon held two feet above the level of the pillow. Perhaps it was her way of clinching the diagnosis for he certainly caught it every time quite cleverly; he was a humorist when in health, and disease could not quite dull this

faculty. It is only fair to his wife to say that he got better, and we have great hopes of the ministering angel reading this chronicle of her doings, for this is a true story.

On Thursday, February 9th, the past and present Dental Students of this Hospital presented Mr. R. P. Rowlands with a silver-mounted Tantalus and Salver in appreciation of his invaluable coaching for the L.D.S. examination

The subject for discussion on the approaching Ladies' Night of the Debating Society has been under consideration for some time past, and the palpitating upshot of it all is, that Dr. James Brydone is to defend the art of lying against all comers in general, and against Mr. F. W. Morton Palmer in particular. The actual motion is to be a truncated paraphrase of the naïve Yo San's sentiments in the "Darling of the Gods."—"It is better to lie a little than to be unhappy much." It will not really take this form, but we prefer to put it in this way, not only because is it a beautifully sympathetic sentence, but because, as has been said by a very great man, thus put, it sums up the whole of feminine psychology. No doubt lovers of morality will flock in their thousands, and if they bring their own sisters, they will add to the gaiety of nations. It is very comforting to reflect that the Ladies' Night that *will* be, will be quite innocuous, whereas the Ladies' Night that *might* have been, had it not been for the quiet good sense of those in authority, and the tact of those who had nothing to do with it, but nevertheless interested themselves, would have been quite too dreadful.

Last Monday's match, say the veterans, was the sorriest exhibition of Rugby football that any Guy's team has given for three or four years, and they would earnestly entreat the various members of the team to train more assiduously for the next Cup match. On this last occasion bad play did not lose us the game, but in another encounter doubtless our opponents will turn our shortcomings, should any persist, to better account. A less inglorious victory was also secured on Tuesday, in the final round of the recently-inaugurated Junior Rugby Cup Tie, against the London Hospital's team. It is a little comforting to find a joint in so redoubtable a harness! The fifteen also who lately journeyed to Paris secured a fairly easy victory over the foreigners, winning by three tries to a goal. The ensuing fraternities, we hear on the best authority, were exceedingly pleasant. The team were entertained at dinner by the Frenchmen at the Place Blanche, which the élite will doubtless remember is situated opposite what was once in happier days the Moulin Rouge. The dance which followed at the Bal Tabarin was not only correct, but also enjoyable. No case of ptomaine poisoning occurred this time among the team, an event it will be remembered that somewhat marred the finish of the previous visit. There is one thing which rather mystifies us in spite of our intimate knowledge of the French capital, and that is, why there should be so much talk of a certain "head drummer." If we have spelt it correctly, who was this person?

A Smoking Concert, to be held as usual in the College Dining-hall, is being arranged for Saturday evening in the first week in March. Particulars will shortly appear on the notice-board in the Smoking-room and elsewhere.

## Papers by Guy's Men.

The New Zealand Spas. By A. Stanley Wohlmann, M.D., B.S. Lond.—*The Australasian Medical Gazette* 20th December, 1904.

Notes on the Sanatorium Treatment of Phthisis and its Present Limitations. By Charles J. Whitby, M.D. Cantab.—*The Journal of Balneology and Climatolgy* for January, 1905.

# The Diagnosis of Abortion.

CLINICAL LECTURE by Mr. J. H. TARGETT.
January 30th, 1905.

Gentlemen,—We have had some interesting cases in Queen ward lately, and it would be quite natural to select one of them for consideration to-day; but after reading some forty or fifty papers from the recent Conjoint Examination, I was very much impressed with the difficulty there seemed to be in grasping the principles of the diagnosis of abortion. So I thought we might with advantage discuss that subject this afternoon.

The question which was set is as follows:—"A married woman, æt. 35, who has not menstruated for three months, is seized with a sudden attack of uterine hæmorrhage, and has passed clots. State how you would ascertain whether or no the patient has aborted, and the line of treatment you would adopt."

This question practically gives us what we want for a clinical lecture. It is clearly a clinical question, which has to be answered by clinical experience. There is no reference in it to pathology or causation. Therefore we will not enter upon those parts of the subject.

In the question, as printed, there was a little omission, which, if it had been rectified, would have saved some trouble to one or two candidates. I mean the patient's age. She was a woman in the child-bearing period of life—say 35 years of age. Some of the candidates even discussed irregular hæmorrhages after the menopause, which of course was never intended. Supposing the woman is married and in the child-bearing period of life, and has the symptoms given in the question, what other points must we take into consideration? Some candidates started with the previous history—whether she had had hæmorrhages before, or repeated miscarriages; and whether there was any disease connected with the uterus, or in her husband. Now such considerations were, in a sense, germane to the subject, but they did not attack the question from the point of view intended, namely, the practical side. When you get into private practice, perhaps the very first case you will have to deal with may be one in which hæmorrhage has occurred in the early months of pregnancy. They are so common that you must soon meet with them, and they often cause much anxiety, because the condition may lead to many complications; therefore you should be familiar with it and realise its importance.

I have put down three points for preliminary consideration:—

1. Is the patient pregnant?
2. Is it ectopic gestation?
3. Other sources of hæmorrhage in pregnancy.

1. There is no statement that the patient is pregnant, and therefore it is right for you to take that point first. If you were called to see such a patient, that is the first question you would ask yourself, and you would at once start to find out. We will confine our attention to the early months of pregnancy, partly because that is the most difficult period in which to make the diagnosis, and partly because that is the time set in the question. After three months have elapsed the difficulty of diagnosis is very much reduced. Of course, in such a paper as this you could not enter into all the possible ways of settling whether the patient was or was not pregnant, but you should state two or three of the most important tests.

First, enquire whether she has been previously regular. If she has had three months' amenorrhœa, it is strong evidence in favour of pregnancy, provided that she has been previously quite regular.

Secondly, are there any breast signs of early pregnancy? Do not say the breast secretes milk at that stage. If there be milk in the breasts it probably belongs to a previous gestation. The secretion in early pregnancy is a mucoid fluid, clear, like water, and sticky to the touch. It is not yellow from the presence of colostrum, nor white like milk. If colostrum is present it is capable of other explanations. Three months' amenorrhea in a woman previously regular, and associated with a watery secretion in the breast, would be much in favour of pregnancy.

Thirdly, vaginal examination will greatly help to settle this question. If it is pregnancy the uterus will be enlarged. At the third month the uterus is so enlarged that the fundus reaches the level of the brim of the pelvis. But it is not large enough to be felt by the abdomen except on bimanual examination. Then note its position. The pregnant uterus will rest along the anterior vaginal wall in a position of marked anteversion, which is a very characteristic sign.

We shall probably find at this stage some degree of softening of the cervix. You must learn to recognise this peculiar area of softening around the external os. It does not extend to the entire cervix at the present stage of gestation. This softening is a very valuable sign of pregnancy, but of course it requires experience for its detection.

Those are the physical signs upon which I should depend chiefly for the recognition of pregnancy at the third month. There are other signs of more or less value, but we need not go into them now as they do not so directly bear upon our question.

2. Having concluded that the woman is pregnant, the next most important point will be: Is the gestation ectopic, or not? I have put it second because of its great importance, and because of its comparative frequency. Ectopic gestation is, however, very far less common than uterine gestation. But do not forget the possibility of such an occurrence as it is a very serious matter if you begin to treat the case as one of uterine abortion when it is really an ectopic gestation with hæmatocele.

Let me call your attention to two points in the question which are very strongly against ectopic gestation. In the first place, the woman had gone three months before any trouble occurred. It is very unusual indeed for tubal gestation to advance so far before some disturbance occurs. Even if she did not pass blood, she would have had attacks of pain long before three months had elapsed. The point in the question which suggested ectopic gestation was the suddenness of the onset, which might have meant a ruptured tubal sac. However, it could not have been so, because of the length of time. The other point which is of value in excluding ectopic gestation is the fact that the woman has passed clots. In ectopic gestation there is a brownish discharge, more like normal menstrual discharge than anything else. It is due to hæmorrhage taking place from the decidua inside the uterus, and is rarely profuse. It is quite exceptional to find profuse bleeding from the uterus with clots in tubal gestation.

3. Allowing that the patient is pregnant, Is there any other source of hæmorrhage? The question stated that the hæmorrhage was uterine, but is there any other source of hæmorrhage in the uterus apart from the ovum? Growths of the cervix should be mentioned; cancer or polypus, or even a simple erosion. In the majority of instances of cancer of the cervix the presence of the cancer prevents pregnancy. Still, such an association does occur. Probably on vaginal examination you would quickly settle the matter by finding some polypoid or irregular growth projecting from the cervix, which you would then proceed to investigate.

Let us now suppose that the woman is pregnant, that the pregnancy is uterine, and that the symptoms are those connected with abortion from the uterus. We can divide our cases into two main groups:—Those seen in the early stages, and those seen in the later stages of the illness. If we are called in at the time of the first hæmorrhage, with the evidences of uterine gestation already mentioned, then we have to ask ourselves: (1) Is it a case of threatened abortion? or (2) Is it a case of inevitable abortion? Threatened abortion is merely a state in which hæmorrhage is occurring from the uterus; we do not know whether it will stop, or whether it will pass on to the next stage, that of inevitable abortion, which means that all treatment will not prevent its occurrence. What I want you particularly to notice is that there is something to be made out from physical examination in these cases by which you can come to a definite conclusion in the majority of instances.

But there are a certain number of these cases which cannot be diagnosed when first seen, and therefore one has necessarily to watch them and see what progress is made.

What are the points we must rely upon? The diagnosis of the signs of pregnancy we have gone into, and now we come to physical examination. Everyone at the examination said, quite rightly, that the material passed should be examined. But in general practice you will usually find it has been destroyed; patients have such a horror of blood that they get rid of it as quickly as possible. But if there is a well trained nurse in attendance she will have kept the material, and you will have an opportunity of examining it. How is this to be done?

Several candidates said they would examine it microscopically. Theoretically, of course, that is correct, but I would ask you to consider the practical difficulties. You require to act immediately, and it takes some days to prepare the material. Therefore, microscopical examination is of no value here. How will you examine it with the naked eye? Take the clot and wash it thoroughly in cold water, and break it open, and by changing your water two or three times or washing it in running water, you will find if there is anything present suggestive of chorionic villi. If there is not, you have no evidence for or against abortion. In the majority of cases you will find little shreds of material, which you think are decidua. They may be, but if they are not large enough for you to recognise with the naked eye, it is of no use to go further with that examination.

Now, what are the characteristic features of the uterus in a case of threatened abortion by

which we shall be able to distinguish it from other varieties of abortion? It should be globular, because that is the natural shape of a pregnant uterus. If it is three months pregnant, there is a softening between it and the cervix, and it reaches to the level of the pelvic brim. Secondly, we do not expect to find the os dilated; so the fact that the os is dilated, tends to show that the abortion is becoming inevitable. Again, the hæmorrhage will not be very profuse, or if there has been severe hæmorrhage, it has ceased, or is slight when you see the case. If it continues to be profuse, with gushes of blood from time to time, it is highly improbable that the gestation will proceed. I could not say it is impossible, because it is remarkable how some patients withstand even severe hæmorrhages in the early months of pregnancy, and yet go on to full term, giving birth to a live child at the normal period. So you cannot judge entirely by the quantity of hæmorrhage. Still, if the hæmorrhage is profuse and comes in gushes, it is very unlikely to be a simple case of threatened abortion. The pains may not be more than slight, or even may be entirely absent. In the question set, there is no mention made of pain. It is a common thing for the patient to say nothing whatever about pain, or to mention only a little backache, and yet to be losing blood freely. The more severe the pains and the more forcing they are in character, the more certain is it that the abortion is coming off; in other words, that it is passing into the inevitable stage.

Supposing we have inevitable abortion to deal with, on examination we find that the uterus is globular, but the os is dilated; the body of the uterus also becomes hard and the os tense, as it does during labour pains. We find the pains increasing in frequency, and blood comes in gushes, with each pain a clot is passed, and the patient is showing symptoms of faintness. Further, we find that the uterus has not altered its character, so far as shape is concerned; it is still globular and elastic, and there is alternate hardening and softening, which are valuable signs. Then notice the bulging of the ovum. If the os is dilated and something protrudes into it, you can be almost certain that abortion will occur. There are, however, some striking cases on record in which even this sign has proved fallacious.

Here let me say a word about the condition of the internal os. Remember that the internal os relaxes in abortion in the same way as in a full-term labour. If you have attended a primipara you will remember how the external os becomes a thin sharp edge or ring. The cervica canal has dilated out and entered into the lowe segment of the uterus, and instead of being cylindrical, is now a cone, with its base uppermost. The same relaxation of the canal occurs in an abortion, but it is less marked, because the dilatation is less.

The other class of case will be that in which you do not see the patient until some days after the onset of bleeding. That is generally the patient's own fault; she perhaps does not think much of it, and does not send for the doctor until something has happened. The diagnosis you have now to make is whether the abortion is complete or incomplete. If the patient has been losing freely for several days, the question whether abortion is "inevitable" or not is almost passed. We have now to enquire whether the abortion is complete or incomplete.

Let us recall here the normal anatomy of the recently emptied uterus. Might this patient have had a complete abortion? If so, the uterus will be smaller than before, but that is a point upon which you must appeal to your experience for help. If the fundus of the uterus does not reach to the pelvic brim, and the body feels much less than it should be at the third month, that will help to answer the question. If the uterus is completely empty it will not be a globular organ; it will be pyriform in shape, like an enlarged normal uterus; it will also be flattened from before backwards, in the same manner as always happens after full-term labour. You can feel the anterior and posterior walls of the uterus coming into apposition when a finger is inserted into the uterine cavity. The same thing happens in abortion; if the uterus is emptied of its contents, the anterior and posterior walls approach each other, and therefore the organ becomes flattened.

The next point is the contraction of the internal os. Do not be misled because the external os admits your finger. The point is that the internal os must be closed; the external often remains soft and more or less patulous. It is surprising how quickly the internal os closes after complete abortion. If you are called in at the moment and examine the cervix, you will probably be able to pass your finger through, but if you come back again in five or six hours, you may be unable to get your finger through the internal os without force.

Two other important points in the diagnosis must be mentioned, but they are not always available. You can examine with the finger to find whether or not there is anything left in utero. Here we come to a difficulty which

applies to general practice, and does not apply so much to hospital work. You cannot digitally explore the uterus to make sure of its condition, in the majority of cases, without an anæsthetic. Now and then you may meet with a patient who is so capable of relaxing her abdominal wall, or is so insensitive to manipulations, that you may be able to do a great deal in the way of examination with one or two fingers in the vagina and by forcing down the uterus with the left hand. However, assuming that you are permitted to do so, if there is any doubt whether the whole ovum has come away, you had better give an anæsthetic and explore the interior of the uterus, so as to make certain of it.

Lastly, you will have to watch the subsequent course of the case to see what symptoms follow the abortion. If it is complete, the uterus will contract down, and there will be a slight amount of lochial discharge. It is surprising how little discharge there will be if the uterus is completely emptied. There will be no pain, and the subsequent course of the case is of a favourable nature.

If, on the other hand, we are dealing with a case in which there is something left behind, we shall have the well-recognised symptoms of incomplete abortion. This is one of the most important questions you can have to deal with in obstetric practice, because of the number of uterine troubles, and even risks to life, which arise from it. It has been said that incomplete abortion provides more material for gynæcology than any other condition of pregnancy.

What are the characters of incomplete abortion? The uterus is still large, often tender, and it is almost always irregular in shape; partly because there is a common tendency to give ergot in big doses in these conditions, and partly because the retained material inside the uterus prevents it resuming its flattened shape. The rest of the uterus will be contracted down or moulded round the mass. The effect of the ergot is to contract that part of the uterus which is empty, and thus it increases the irregularity in shape.

The condition of the cervix is one of the most important tests of incomplete abortion. I have said that the internal os contracts down with great rapidity if the uterus is empty, but if it is not empty the os will not contract down, in spite of ergot. Even when ergot has been given you will generally find that although it may not be possible to pass the finger through the cervix at first, you can do so after a little manipulation, and if Hegar's dilators are used the cervix dilates much more rapidly than usual.

The nature of the uterine discharge is of great value in the diagnosis of this condition. The patient will not know what her condition is, but she will complain of having "flooding," and as she is also getting weak in consequence of the loss she seeks advice. You will find she has been losing continuously, is looking anæmic, her pulse is getting rapid, perhaps she has some temperature, and she will give a history of the bleeding having been profuse and irregular. In a large proportion of cases you will find also that the discharge has already become foul. If it gets foul early, the patient will soon suffer from signs of sapræmia, but in many cases the foulness is only met with after some days. We have a patient in the ward at the present time who illustrates it. She was suckling for fourteen months and therefore had amenorrhœa and did not know she was pregnant. She was seized with hæmorrhage some days before Christmas and came to the Hospital, but she could not stay because of her family. She was given ergot and sent home. There was no sign of complete abortion, and it was thought to be only threatened. She had another attack of hæmorrhage soon after New Year's Day, and then came into the ward. When I saw her there she was extremely anæmic from the loss of blood outside the Hospital. Her pulse was rapid, but she had no particular pain or temperature. Ergot had been given, and the os had contracted down, although it was not completely closed. The uterus did not feel enlarged, and it was one of the difficult cases in which I could not be sure from the feel whether it was empty or not. As she had no more symptoms than I have mentioned, we decided to let her rest and regain strength, and she waited under observation ten days. At the end of that time, although there had been no important temperature previously, it now began to rise to 100°, and for the first time the discharge was noticed to be foul. Although she had recovered from the anæmia, this was sufficient evidence that there was something left behind. We gave her chloroform and found a polypoid piece of placenta adherent to the wall of the uterus. On removal of it, the patient recovered. So you see the foulness of the discharge did not occur until four or five weeks from the commencement of the hæmorrhage. If you wait for a foul discharge to make a diagnosis you may have to wait a long time; but it is a valuable sign when present, and shows the need for immediate treatment.

In conclusion, let me say a few words about treatment. If the case is one of threatened abortion, treat her with rest, and that means keeping her absolutely in bed, not allowing her to get up even to pass her water; keep the circulation quiet, and stop any uterine pains which may be present by giving opium, generally morphia injections, sometimes morphia suppositories. There are one or two special drugs given, such as viburnum and hydrastis. The patient should also have light diet, and no strong purgatives should be given; open the bowels with oil and soap enemata. Do not give ergot. I think small doses of ergot are of no value, and big doses would defeat your purpose.

If abortion seems inevitable, do not give ergot unless there is very abundant hæmorrhage and the os is dilating. In such cases it is good practice to plug the vagina tightly with gauze. The best thing is a roll of sterilized gauze, and if there is time it is advisable to boil the roll in hot saline for twenty minutes, which prevents irritation of the vaginal wall, and makes certain of its asepticity. With a Sims' speculum pass it thoroughly into the posterior fornix first, and then fill up the whole of the vagina down to the vulva; that will distend the vagina and pull open the cervix, and acting by reflex influence upon the fundus will produce uterine contractions.

Under the head of complete abortion there is little to be said. If the patient has aborted there is an end of the matter. You can give ergot and watch her carefully to see that no other trouble arises, such as retroversion.

Many of you have seen patients treated here for incomplete abortion. Do not use the curette, though there is still some difference of opinion on that matter. I certainly prefer removing any retained products of gestation with the pulp of the finger. Anything which you cannot get off with the pulp of the finger is best left alone; it will come away by a process of softening and disintegration, and it is not likely to lead to subsequent secondary hæmorrhage. But if you disturb it with a sharp spoon or curette you will open sinuses and produce bleeding, and if there are septic organisms in the uterus they will be absorbed. Put in a gauze drain after flushing out the uterus, so as not to allow blood-clot to remain in the cavity. Next morning take out the gauze drain, and then order a vaginal douche night and morning of weak Hydrag. Perchlor. lotion (1 in 3000).

### Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Wednesdays, February 22nd and March 1st, 1.30 p.m., Clinical Surgery, by Mr. Symonds.

Thursdays, February 23rd and March 2nd, 4 p.m., Clinical Medicine, by Sir Cooper Perry.

Monday, February 20th, 1.15 p.m., lecture by Mr. G. B. Smith.

Monday, February 27th, 1.15 p.m., lecture by Mr. Higgens.

## Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

### Mansion House Meeting.

DEAR SIR,—May we, through the medium of the GAZETTE, remind your readers of the meeting for students to be held in the Mansion House (by kind permission of the Lord Mayor) on Tuesday, February 21st, at 5·15 p.m.?

The chair will be taken by the Right Reverend the Lord Bishop of London. The speaker will be John R. Mott, Esq., M.A., F.R.G.S.

Mr. Mott has just concluded a series of addresses to University men in Cambridge, where he created a profound impression, and well over one thousand men attended his meetings. Next week he visits Oxford University.

Every medical student in London is receiving an invitation to the meeting, and we may consider ourselves fortunate in the opportunity afforded us of hearing him.

—Yours truly,

CLAUD F. FOTHERGILL,
GEO. F. STEBBING,
W. H. WATSON,
Secretaries Christian Union.

## Change of Address.

Mr. A. Hastings Bell, L.D.S., from Maritzburg, Natal, to Market Square, Harrismith, Orange River Colony, S. Africa.

Dr. Arthur W. Clark, from La Roche, Onslow Gardens, Wallington, to La Roche, Park Road, Caterham, Surrey.

Dr. E. I. Claxton, from 111, Great Mersey Street, Liverpool, to 116, Stanley Road, Liverpool.

Mr. A. Hammond-Smith, L.D.S., from Guy's Hospital, to No. 6, Weymouth Street, Portland Place, W., and Anerley, 211, King's Road, Reading.

Mr. A. Harris, L.D.S., from Guy's Hospital, to 14, Rosendale Road, West Dulwich, S.E.

Dr. Arnold Morris, from Guy's Hospital, to Hamilton House, Leamington.

Dr. C. B. Penny, from Guy's Hospital, to 37, Walbrook, E.C.

Mr. C. W. Randall, L.D.S., from 82, Bootham, York, to 50, Beaconsfield Avenue, Colchester.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# A Case of Congenital Sacro-coccygeal Cyst.

The following is a case of some interest: My partner delivered a female child on June 23rd, 1904, with the above-named deformity. The progress of the labour at first was quite normal, the presentation being occipito-anterior, until the trunk was born; it was then noticed that some considerable force had to be employed in delivering the buttocks, the perinæum being thereby severely lacerated, the reason for which was the attachment of a large congenital tumour in the sacral region.

The child was full time, and well developed with the exception of a large multilocular cystic swelling which occupied the position of the lower portion of the spine and sacrum, and overlapped the buttocks entirely. The tumour seemed to come from the anterior aspect of the sacrum and coccyx, as the latter could be distinctly felt, pressed backwards by the tense cyst wall. In size it was nearly as large as the child's head and measured—

12½ inches in circumference (*head* 13 inch circumference) and from rectum to base of coccyx 7 inches.

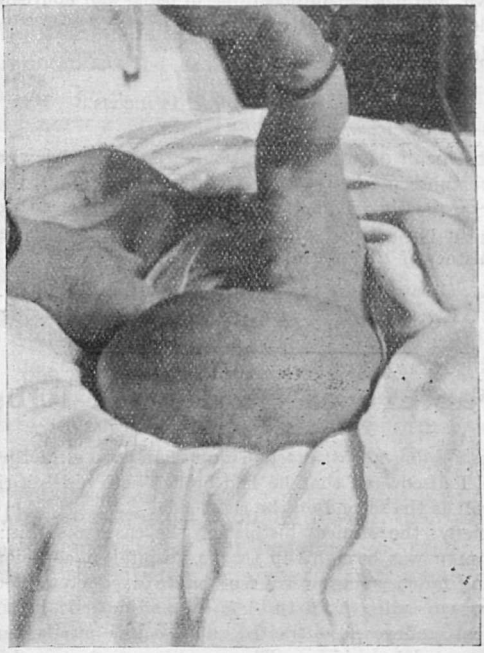
The skin over it was normal, and to the touch it was a tense multilocular cystic swelling, giving no impulse on crying; it could not be reduced at all. The relations of the vagina and rectum were somewhat disturbed owing to the latter being surrounded posteriorly by the walls of the cyst, thus the rectum was lengthened very considerably, and pushed somewhat to the left side of the middle line, a fact which was ascertained when bowel washing became necessary for an attack of subsequent epidemic enteritis.

There was no congenital talipes.

On July 10th, 1904, my partner and I tapped one of the largest cysts and evacuated some nine ounces; this was followed by an injection of ʒ ss. of Morton's Fluid (after tapping, the thickened walls of the loculus could be distinctly felt, suggesting possibly a cartilaginous nature). The fluid evacuated was straw coloured, slightly alkaline, sp. gr. 1010, and contained a considerable percentage of albumen.

July 11th. The loculus tapped had entirely filled up again. A week later the tumour was again tapped, a smaller loculus being chosen; a few ounces of fluid were again withdrawn, and ʒ ss. of Morton's Fluid were injected, with precisely the same results. Towards the end of July the child developed a mild attack of epidemic enteritis, which put a stop to treatment.

Mr. R. W. Murray, Surgeon to the Northern Hospital, saw the child in consultation with me during August, and considered it to be a case of congenital sacrococcygeal cyst developed from the proctodæum, and containing probably a cartilage-like substance in the walls of its loculi (hence the peculiar thickened feeling of the walls after tapping). He considered radical treatment by excision out of the question in view of its comparatively large size.



Anterior View.—Child in dorsal position.

Posterior View.—Child in ventral position.

At the present date (January 29th, 1905), the child has grown, and has every appearance of being well nourished, while the cyst has further increased in size.

Measurements:—

*Circumference*, 20 inches.
*Length from rectum to spine*, 14 inches.
*Head circumference*, 16½ inches.

The loculi as seen in the photograph (post. view) are much more marked, and the hard walls dividing them can be readily felt. It is further interesting to note that the mother had a normal puerperium, and there is no history of "maternal impressions"—so called.

111, Great Mersey Street, Liverpool. E. I. CLAXTON.

## Fracture of both First Ribs.

WHILE doing a post-mortem on a man with a fractured base, I discovered that he had broken both his first ribs as well as the second on the right side.

Briefly, the clinical history of the case was this:—The man was brought up to the hospital unconscious, having fallen some twelve feet on to a concrete floor. He was bleeding from the left ear and nostrils, had no corneal reflexes, contracted and equal pupils, and exaggerated knee-jerks. There was no motor paralysis to be made out. The breathing became stertorous, and he died a few hours after admission.

At the post-mortem it was found that there was a scalp wound over the left parietal region. Corresponding to this a fissured fracture of the base of the skull was seen running from the anterior inferior angle of the left parietal bone forwards and inwards along the surface of the petrous bone paralled to the superior petrosal sinus, and passing through the foramen lacerum medium across the body of the sphenoid to end in the opposite middle fossa of the skull. There was a good deal of hæmorrhage outside the membranes and the right temporal lobe of the brain was severely lacerated. All this, of course, was sufficient to cause his death.

But the most interesting point about the post-mortem was the fractured ribs. On the right side the first rib was broken two and a half inches from the sternum and the second three and a half inches. On the left side the first rib was fractured four inches from the sternum. The three ribs were all broken inwards, but had not caused any damage to either the lungs or the large vessels. Both clavicles were intact, and no fracture or dislocation was made out in the sternum. Most surgical text-books describe fractures of the first and second ribs as being very rare. Rose and Carless say:—"The first and second ribs are so well protected by the clavicle as to be seldom broken by direct injury, although great violence from above downwards to the outer end of the clavicle may lead to such an accident." But Mr. Lane, in Path. Soc. Trans., vol. xxxvi., says this fracture is not so rare as the text-books describe it to be. It is rarely diagnosed, but in our museum are three specimens of such fractures which he presented, all taken from one lot of bodies in the dissecting-room.

Mr. Lane gives three suggestions as to how the first rib alone can be broken:—

1. By direct force applied to the posterior portion of the rib. But the great thickness of the muscles and the position of the subscapularis are against this theory.

2. By force applied to the manubrium. But, he says, this is more likely to cause a fracture or a dislocation of the sternum than fracture of the first rib alone.

3. The most probable explanation is that the first rib is broken by force transmitted to it through the clavicle, owing to the immense leverage exerted by the clavicle on the anterior portion of the first rib, when force is applied in a vertical direction to the shoulder or the outer end of the clavicle.

This last explanation fits in very well with the history of the accident in this case. No one actually saw the man fall, but as far as I could gather from the evidence at the inquest, the patient was a builder's labourer, and it was part of his duty to carry up the cans of tea to the workmen. While he was climbing up a vertical ladder carrying a whole row of cans of tea he fell backwards, it was thought, and struck the concrete floor with his head. His scalp wound and fractured base would be accounted for by that. The next part of his body to strike the floor would be his shoulders, and the force thus applied in a vertical direction, would readily be transmitted through the clavicle to the ribs, and so fracture the latter. The severity of the accident was such as to actually break the second rib as well as both firsts. I regret very much that I neglected to send these ribs to the museum.

A. M. W.

## Appointments.

### Civil.

FORTESCUE-BRICKDALE, J. M., M.A., M.D. Oxon., has been appointed Out-patient Physician and Pathologist at the Royal Hospital for Sick Children and Women, Bristol.

GODSON, A. H., M.B., B.C. Camb., F.R.C.S. Eng., has been appointed Assistant-Surgeon to the Oldham Infirmary.

GROMITT, J. W., L.R.C.P., M.R.C.S. Eng., D.P.H., has been appointed Assistant Sanitary Warden at Mauritius.

SCOTT, GRAHAM, M.R.C.S., L.R.C.P. Lond., has been appointed Junior Anæsthetist to the Central London Throat and Ear Hospital.

### Naval.

Staff-Surgeon H. B. MARRIOTT, R.N., has been appointed to the *President*, additional, for a three months' hospital course. Surgeon J. C. G. REED, R.N., is appointed to the *Vulcan* on re-commissioning.

## Corns.

When we tread on a corn we make an impression, but a very bad one. So of all corns in the world let us beware of a friend's. The man or woman who fails to discover a friend's corns until it is too late and the mischief is done, is guilty of a neglect of one of the chiefest duties which friendship demands. He may study and anticipate his friend's every desire, he may feast him at his board, he may help him out of difficulties and stand by him when he is down in his luck; yet, wanting a knowledge of his corns, and the kindest acts under heaven will never atone for the omission. It may be plausibly argued that friendship, which consists of an endeavour to keep on the soft side of a friend, and, when they painfully intrude on our sight, to wink at his misconceptions and the weak side of his nature, is a hollowness and a sham. This is a pretty speech and they are high-minded sentiments, but unfortunately not friendly ones. The approach to a friend's soft side is not *via* his weak side, for the one conceals his heart, the other his spleen.

We might search every nook and corner of the earth for the man with a nature so submissive as to invite attention to his weaknesses, and give up the quest as vain. Self-satisfied humanity gives no mandate to a moral chiropodist with his knife and his caustic, and the reason of this is clear. A corn is not a corn to its possessor. To use Lord Brougham's famous mot—"We are not conscious of our shortcomings, only of each other's. A man may have—in fact, we all have—as many crotchets in his nature as lines in his hand, but tell him so, and he will storm like a fishwife. You will be a drivelling wiseacre trying to find fault where none exists, and the qualities which are wanting in your own system you are pleased to suppose are defects in others." Assuming this to be an honest avowal, we can excuse his wrath. A man whose faults are not apparent to him can be prayed for, but the man who writes them on his breast is past hope.

As an axiomatic principle, there is a moral duty upon every person to set about reforming his neighbour, corns or no corns. Except he be parent or parson, the man who undertakes this duty is in peril of being called a prig.

So it happens that the man who treads on his neighbour's corn and who, with a little perseverance, might work a reform, is so terrified at the howl of execration which follows the accident that he immediately begs pardon for his clumsiness and makes off.

Doubtless, human nature is too careful of itself and is suffering from an excess of susceptibility. It has a perverted anatomy, a heart on its sleeve, corns on its feet and a thin skin. Bearing this in mind, we must become intuitive to its acute sensitiveness and impressibility. We must reduce corn-treading to its smallest extent by shirking the rôle of reformer and keeping a mental list of all the corns that afflict mankind.

The more we rub shoulders with the world, the longer will our list become. Soon it will assume the dignity of a scroll, and when one scroll becomes too long another will be brought into requisition, and another and yet another, until at last mental archives will be required in which to store them all.

Then at our leisure, perhaps when we are old and grey, when we have all but taken leave of the world, our mental eye will scan the scrolls and alight here and there upon something painfully reminiscent, something in leaded type denoting, may be, a severed friendship or even a broken amour.

The record of the corn nomenclature department of our psychology will be anything but pleasant reading, yet it will afford us food for reflection. In will be an account of the foibles and weaknesses, the antipathies and aversions of those with whom we have come into contact, but more than this, it will denote our deplorable want of tact and knowledge of the world, now acquired but too late.

Then we shall fancy the whole welkin of heaven is again ringing in our ears with the sounds of our victim's yells; it is a re igious corn or a political one, and as innocent of its existence as the babe unborn, with the blandest good-nature and the coolest deliberation, crush went our foot on it!

And we grimly shudder as we slam too the door of our archives and lock it.

# An Appreciation of Willie Mitchell.

WILLIE MITCHELL was not only a sportsman in the widest and best sense of the word, but was a rare example of an athlete. He was gifted with the knack of games to an extent that few men possess. Of a slight build, with a stoop of the shoulders and head, to see him stripped you would scarcely credit him with being capable of putting the shot over forty feet. He did not look to weigh more than 10 stone 5 or 6 pounds, but everything he did was done by cleverness and knack and every ounce of energy was expended in just the right direction—there was none wasted. Perhaps his weight putting was the best example of this fact, for it was done with a minimum of exertion and seemed so easy to him.

It is safe to say that any sport or game that Willie Mitchell took up he mastered in no time, and without any apparent effort on his part. At Cambridge he got his "blue" for Rugby football as a full-back in 1886, and also in the sports for putting the weight, besides being second string for the hurdles. He was a first-class Association player, and had he stuck to it, would undoubtedly have made as great if not a greater name than he did in the Rugby game. At cricket he was a good bat and a difficult bowler, and it was with great joy that he was hailed at Guy's when he came up in 1887.

During his time at Guy's he was a tower of strength to our teams in all these various branches of sport, besides which he was quite a good golfer, racquet and tennis player, and a dangerous man at billiards. There is no doubt whatever that had he taken up hockey or lacrosse, or any other game there is in existence, he would within the short limits of a season have ambled easily into first-class games.

It was, of course, at Rugby football that he was best known, and he was England's full-back in most of her matches from 1890 to 1893. He was undoubtedly a very fine full-back, although his style was remarkable for its faults as well as for its brilliance. He did things that were contrary to the rudiments of good football and they as a rule came off. He would make what looked like hopeless mistakes and then recover the position by a piece of brilliant play. With the opposing forwards rushing the ball down in a body, and with none of his own side near to help if he made a mistake, Mitchell would take a flying kick at the ball and land it forty yards away into touch. It must be remembered that he could play Association football with a Rugby ball, and his flying kicks rarely went wrong, but they made your hair stand on end.

He always tackled high and it was a marvel how he would bring over big men of twice his strength and with such ease and rapidity that they had no chance of passing the ball. Of course, a high tackle can never be an absolute certainty, and sometimes they got by him, but even then he would generally pull the fat out of the fire.

I remember one very striking instance of this which was one of the most remarkable things ever seen in an international match. It was at Richmond, and I believe against Scotland, but am not certain. A forward got away by himself, and Mitchell, going for his head, missed him, and the forward ran clean over the goal-line. Just as he was going to ground the ball Mitchell, who had caught him up from behind without being seen, quietly and without any struggle or fuss at all, took it out of his hands and grounded it himself. It is impossible to describe the effect of the whole incident. It was unique. One could go on telling tales of Willie Mitchell for a long time, and of his casual happy-go-lucky nature. There is no instance on record, I believe, that he turned up to an international match with a complete suit of clothes; either his boots, or his knickers, or stockings, would be missing, and had to be borrowed or bought half an hour before the game started.

He was universally popular wherever he went, and his casualness was absolutely fascinating. I never remember hearing a hard word said against him, and should say that he never made an enemy in his life. He was a good fellow all through, and as an athlete he could, if he had chosen to take the trouble, have made a name in three or four games that would have been a household word now amongst sportsmen.

He went out to Alaska in the gold rush some years ago, and devoted himself more to mining than medicine. His properties out there were, I am given to believe, just commencing to bear fruit, and he had every prospect of a large success to his hand when death claimed him. He is mourned by a very large section of footballers and others who followed athletics of a decade ago, and more especially by those at Guy's, amongst whom were his closest friends.

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Two Cases of Menorrhagia following Multiple Extraction.

The disastrous effects upon the nervous systems of young women caused by the extraction of a large number of teeth at one sitting have been very markedly illustrated by two cases recently under my care. I report them as I feel sure that they will greatly interest my dental colleagues.

Florence H., æt. 19, a tall, handsome, Scotch girl. In March last she had a great number of teeth extracted at one sitting under an anæsthetic. (She is absolutely edentulous.) Next day she had copious menorrhagia, which lasted many days, although previously her menses had been scanty. The bleeding was so severe that she became very blanched, then the menses became irregular until seven weeks ago, when the hæmorrhage started again after a dance, and was of great severity for six weeks. She was brought to me a few days before Christmas, looking very ill and of a very white colour. Under treatment in bed with iron and arsenic she has much improved, but is by no means recovered.

Alice J., æt. 22, a pale, thin, housemaid, consulted me on January 29th. Last June she had thirteen teeth extracted at one sitting, under gas, and had then to take to her bed for three days. Up to that time her catamenia had been regular and painless. A week before time the menses started, she had much pain and "flooded" for eight days. She says, "I have never been really well since." For the past few months she has menstruated at three weeks' intervals, losing a great quantity of blood for eight days, with pains that cripple her. So profound is the general disturbance that she suffers at the same periods from copious epistaxis.

VAUGHAN PENDRED, M.D., F.R.C.S. Eng.

# Notice.

PROPOSED "LONDON UNIVERSITY MUSICAL SOCIETY."

A meeting of representatives from the colleges, schools, and institutions of the London University was held at the Middlesex Hospital Medical School on January 20th, 1905. Sir Frederick Bridge, King Edward Professor of Music of the London University, being in the Chair.

At this meeting it was resolved to form a London University Musical Society, which should consist of a Choral and Instrumental Section, and should be composed of—

*A*. Honorary members.
*B*. Members of the choral section.
*C*. Members of the instrumental section.

A general representative committee was formed from the delegates, who had been nominated by the principals and deans of the colleges and schools of the University. Sir Frederick Bridge, M.V.O., and Dr. Clifford Edgar, were unanimously elected chairman and vice-chairman of the general committee, and Dr. R. J. Gladstone honorary secretary.

It is proposed that the meetings be held weekly, at half-past five o'clock, at South Kensington, or one of the more centrally situated colleges of the University, and that past and present students of the University, and students attending the colleges and schools connected with the University, be eligible for membership of the society.

Gentlemen who wish to join the society are requested to give their names and addresses to the representative of this Hospital, R. Felton, or to Dr. R. J. Gladstone, hon. sec., Middlesex Hospital, Berner's Street, London, W.

The committee will be obliged also if intending members will notify which section of the society they wish to join, and, if joining the orchestra, to name the instrument which they will play.

R. J. GLADSTONE,
January 30th, 1905. Hon. Secretary.

# Dental News.

Last week was quite an eventful one to dental men, containing as it did two important functions, the first being a presentation to Mr. Rowlands by the past and present dental students on the cessation of his special tutorage to the dentals in the "general" subjects required for the L.D.S. Diploma; the other was the tenth annual dinner of the Guy's Hospital Dental Society. Both of these, however, being reported at length elsewhere in this issue will not receive more than mention here.

What a number of patients suffering from acute alveolar abscess present themselves at Dental Out-patients with faces swathed in yards of bandage and hot fomentations *outside* having been ordered! It should be more widely known that in cases where extraction cannot be immediately performed the best treatment is to order hot fomentations or poultices *inside* the mouth, and every possible effort made to prevent the abscess pointing externally. An alveolar abscess that has pointed externally, in practically every case leaves an unsightly and permanent cicatrix, and there is also a great probability of it developing into that condition so difficult of treatment—salivary fistula.

It is rumoured that several members of the B. D. A. who were present in the conservation-room at 12 noon on Saturday, January 28th, and who still believe that the sense of hearing is a necessity to the dental surgeon, have decided to send their sons to a dental school, where such an institution as a work's department siren is not in vogue. Hitherto we had imagined that the British workman who needed to be told when to desist from his labours was a minus quantity, but as we are given to understand that the *soothing screech* is indispensable, we are forced to the conclusion that we were mistaken.

# Nothing Important.

A REAL CONVERSATION IN A SURGICAL WARD.

IT is 6 a.m., in a surgical ward, the lights have just been turned up and a boy æt. 12 lies back in Eight bed blinking at them for two or three minutes before raising himself on one arm and and hailing another patient in a loud voice, "Five!"

Five yawns, stretches himself, and finally answers sleepily, "Yes?"

"Are you awake, Five?" says Eight.

"Wasn't till you shouted," says Five in a hurt tone of voice, and turns over and tries to go to sleep again.

"Alright Five, don't sulk, its breakfast time. Free!" A small boy in Three bed answers, "'Ullo Eight, did you shout?"

"Yus, 'ow's yer blowin'?"

"Alright, 'ow's yerself?"

"Fine, fanks, I'm gettin' up vis afternoon."

Three expresses incredulity and at the same time casts an aspersion on the general veracity of Eight's remarks in the brief and pointed reply "Liar!," and is gently rebuked by nurse.

Eight doesn't seem in the least offended but replies, "Fact, and I'm goin' 'ome next week." This apparently recalls pathetic memories and he sings a song which consists principally of the statement that, "I'm longin' for vat dear old 'ome again," and in this effort he is nobly seconded by Three. I have never heard any other rendering of the ditty in question, but I feel convinced that even the modern composer would be innocent of meaning it to be sung in Eight's way, and the man in Sixteen bed, who apparently has some idea of music, interposes at the middle of the third verse with the request, "Shut up, Eight." Eight calmly finishes the song and then turns over slowly and remarks, "'Ullo, Sixteen, you still vare?"

As Sixteen has been "there" for nine weeks and is rather tired of it, this remark would almost seem to constitute a studied insult.

"Keep yer 'ead shut," says Sixteen.

The fact that Sixteen has undergone three operations and is rather nervous, gives Eight his next opening. "Say, Sixteen, it ain't a fact wot I 'eard ve uvver day is it?"

"What's that?"

"Oh, nuffink? Only vat you're goin' to be operated upon to-morrow."

"No I ain't," says Sixteen. "But I did 'ear 'em talking about doin' something more to you."

"Rot," says Eight. "My leg's almost well."

"Oh! it ain't yer leg sonnie; they was talkin' about puttin' yer ears further back so as to give yer mouth a treat."

Eight, being unable to think of anything really cutting as a reply to this, and breakfast being finished, decides to turn his attention elsewhere, so he puts his head round the corner into the back ward and hails a man with necrosis of the jaw who is bandaged accordingly.

"'Ullo, Twelve, want me to do you a favour?"

"What's that?" says Twelve.

"Why, let me put yer nime on yer coller and ven you can leave orf yer muzzle."

"You wait till I get up this afternoon and I'll twist yer neck," says Twelve.

"Takes a man," is the only rejoinder vouchsafed by Eight before he notices that the day nurses have come on duty.

"Mornin', nurse," he shouts. "Are you goin' to wash me?"

"Soon, sonnie," replies the ministering angel.

"Shove the soap down 'is throat, nurse," suggests Sixteen, kindly.

"Can't do that,"—the irrepressible Eight—"She'll want all she can get to clean you wiv."

A discussion with Three on the relative merits of their respective nurses (regardless of the presence of these ladies), getting washed and having lunch, occupy the time till the arrival of the dressers. No sooner has his dresser's head appeared in the ward than Eight gives a great shout. "Mornin', doctor; you ain't goin' to dress me, are yer?"

"Yes, sonny, I shall have to dress you this morning," is the reply.

"Blimey," says Eight, and relapses into silence.

JAUNDICE.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Human Embryology and Morphology.* By Arthur Keith, M.D., F.R.C.S. 2nd edition. pp. xi. and 402. (Edward Arnold.) 12s. 6d. net.

This popular text-book when first brought out supplied a long-felt want for a book on Embryology, not too advanced but more readable than Quain, which, from its brevity and abundance of small print, is most uninteresting. This work, well printed and on good paper, and with plenty of good bold diagrams, is invaluable to the student reading for the Primary Fellowship or Cambridge Natural Science Tripos.

The present edition has been extensively rewritten, and many new illustrations have been added; to such an extent have recent discoveries and publications added to the amount of available material, that it has almost become a new work. The arrangement of the chapters is still peculiar, as the development of the ovum is not described till chapter vii., and yet the book starts off with the development of the face and nasal cavities; no reason for this is given, but perhaps the latter is so interesting surgically that it is given the premier position.

The development of muscles, bones and limbs is clearly described as well as that of the viscera, and comparative anatomy is introduced where necessary.

*Practical Manual of Diseases of Women.* By H. Macnaughton-Jones, M.D., M.Ch. pp. xxxviii. and 1044. Illustrations 637 and 125 coloured and plain plates. (Bailliére, Tindall & Cox.) 21s. net. 9th edition.

This new edition of a book well known to medical students, though perhaps more widely read in the North and the Midlands than it is in London, is included by the publishers for the first time in their University Series, and bound uniformly with Rose and Carless, with which, however, it shares the disadvantage of being a most awkward shaped book to hold, as everybody knows who has tried reading it in an arm-chair.

An especial feature of the book is the large number of plates and diagrams in the text, some of which are excellent, though there are the usual number of pictures savouring of the instrument maker's catalogue. The plates are especially good, and there are three coloured ones of chorion epithelioma, the third, a section of lung showing metastatic deposits, being particularly pleasing. The whole of this subject of deciduoma malignum is thoroughly explained, and its correct pathology as distinct from a sarcoma fully established.

Correct pathology is a feature of the book, and the student may be for a moment puzzled at the entire absence of the word *fibroid* from the book, as, striving for accuracy, the author has substituted the word *myoma* throughout. Under each subject extensive references to the literature thereof are given, both foreign and English; so that the book is not merely an expression of the author's own experience, to which gynæcologists are very prone to attach exaggerated importance. The very fulness of the book may make it rather too extensive for the students' reading, but it will prove invaluable for the specialist or diplomate.

We notice that the author firmly believes in vicarious menstruation, and states that he has seen it in the form of epistaxis, hæmatemesis and hæmoptysis. The technique of operations is very fully described, and, as the author is not extreme in his views on asepsis, his remarks on that subject are very useful, as also are the description of after-treatment in cases of abdominal section.

In the article on Eclampsia some illustrations of retinæ are given, which are the best uncoloured pictures of optic discs and their pathological states that we have ever seen. Chapters on cystoscope, continental spas, and electro-therapeutics bring the work thoroughly up to date.

## Papers by Guy's Men.

Clinical Lecture on a Case of Gangrenous Appendicitis, with Subphrenic Abscess. By Charters J. Symonds, M.S. Lond., F.R.C.S. Eng.—*Lancet*, 11th February.

A Case of Typhoid Fever presenting some Unusual Features. By Kenneth Anderson, M.B. Lond., M.R.C.S. Eng., L.R.C.P.—*Ibid.*, 4th February.

## Guy's Hospital Dental Society's Dinner.

The Dental Society held their tenth annual dinner at the Trocadero Restaurant on Saturday, February 11th, which, as on previous occasions, was a great success. Mr. Wynne Rouw, the Society's President, filled the chair, and was supported by Dr. Hale White, Dr. Bryant, Dr. Eason, Mr. Maggs, Dr. F. Cock, Mr. Ogle, Mr. Badcock, Mr. Ormond, Dr. French, Mr. Rowlands, Dr. Forsyth, Rev. Bowen, Mr. Blake Odgers, Mr. MacGavin, Mr. Payne, Mr. Hopson, Mr. Dowsett, Mr. Levine, and about eighty guests and members of the Society.

After an excellent dinner, the Chairman rose to give the usual loyal toasts. In the middle ages the Jews proved a ready source of income to the royal exchequer, and it was a common custom to remove a few teeth from the jaws of an unwilling lender until the necessary donation was forthcoming. Our King's ancestors took debts out in teeth; dentists take teeth out often for debt. No institution was more loyal to the Royal Family than Guy's Hospital, of which the Dental School formed a large and integral part. After the musical honours accorded to this toast, the Chairman passed on to the toast of the "Royal Family." Our Queen was renowned throughout the land for the able way in which she seconded her husband's charitable actions; and, as President of our Hospital, the Prince of Wales especially deserved our thanks for the great interest which he had always taken in our Hospital.

"Guy's Hospital and School" was proposed by the Chairman, who was in a historical mood. Very few who looked on the large building near the Bank belonging to the Liverpool and Globe Corporation, with which the name of Whittaker Wright was associated, realised that on that spot stood the bookseller's shop in which Thomas Guy worked. An ordinary bow-windowed shop with a few volumes lying about, it was here he started business with a mere £200; but he was able by arduous labours and external financial methods—the nature of which we do not exactly know—to endow the splendid institution with which his name is connected. Some say that Thomas Guy was a sweater, but that he was not an epicure is evidenced by a picture still in existence in which the bookseller is about to partake of a *smoked bloater*. The fact that Sir Astley Cooper himself earned a mere five guineas in his first year's practice should prevent anybody from being discouraged by small beginnings. The Chairman himself, during the twenty years he had been associated with Guy's Hospital, had seen many structural alterations, and mentioned the aerial flight of stairs up which men climbed to the office,—stairs so dangerous that he was glad to see the Dean come crutchless to the dinner. It was the fifteenth birthday of the Dental School, and he was glad to be able to announce many new entries for this year. There was one complaint, however, that many men left the Dental for the Medical School, and were never seen again by the former. This state of things he proposed should be remedied by admitting lady students to the

Dental School, in the hope that if men would not return to their old love, they might be attracted by the prospects of a new love.

A telegram was then read from the Edinburgh Dental Society, who celebrated their twenty-first birthday last night, wishing health and prosperity to the Guy's Hospital Dental Society.

In replying to the toast of "Guy's Hospital," Dr. Hale White said that he felt it a great honour to be associated that evening with the Dental School, than whom nobody lay nearer the heart of the Medical School. He wished to draw attention to the part played by Guy's Hospital in scientific dentistry. One hundred years ago the first lectures on dentistry ever delivered in Great Britain were given at Guy's by Fox, a member of the great Quaker family, who resigned his position at the Hospital in 1825. There followed him on the Dental Staff, Mr. Bell, who was Secretary of the Royal Society, President of the Ray and Linnean Societies, and who died at Selborne within the speaker's recollection: he was followed by Salter, Moon, and many more distinguished dentists, so that Guy's might justly be regarded as the pioneer in dental science in Great Britain. As a student Dr. Hale White endeavoured to extract a tooth in the Front Surgery, but. being unsuccessful, was so awed by the threats of the patient—a navvy living in the Boro'—that he remained within the precincts of the hospital for the following five or six days.

In replying for the Dental and Medical Schools, Dr. Eason said that he envied the speakers at a recent important dinner where the speeches were all printed and handed round at the commencement, and instead of calling on Mr. Brown for a speech the chairman proposed that Mr. Brown's speech should be taken as read. He announced with regret that Dr. Cock had resigned the position of dental anæsthetist, thus severing an association which had existed for many years. Mr. Glendinning. who was trained at Guy's, had been appointed Demonstrator in Dental Mechanics at the Royal Dental Hospital in Leicester Square. The speaker then announced his intention of preaching to the members of the Society—collectively, and not individually, as occasionally he was compelled to. He considered, if he might say so, that "more backbone" was required in the dental profession, and he wished that all would become members of the British Dental Association, and so help to make dentistry a stronger profession. He considered that dentists should not administer anæsthetics, however much experience they might have had, if the assistance of a medical practitioner could be obtained, as such abnegation would strengthen the bond existing between the two professions. A hospital change which would affect the dental school, was the promotion of Mr. R. P. Rowlands from the dissecting room to be Surgical Registrar. Finally, Dr. Eason hoped that all present would advertise, not themselves, but the hospital at which they were trained.

Dr. Bryant thought that the Committee had been very rash in asking the lecturer in Dental Materia Medica—a very dry subject—to propose the toast of "The Dental Society," but supposed that he was acting in his capacity as Treasurer of the Clubs' Union, of which this Society formed an integral part. He was sorry to say that the finances of the Union were at such a low ebb that the grants to all the different clubs were this year decreased, but hoped that they would rise again when the new methods of subscribing recently inaugurated should be in full working order. Dentists have the reputation of being better business men than doctors, so that they especially should see the advantages to be obtained by appearing in the Guy's Directory of the Clubs' Union Blue Book, as thereby medical men found how they could recommend their patients to a Guy's dentist in various parts of England.

Though this was only the tenth annual dinner, the speaker pointed out that the Society was a direct descendant of the Guy's Physical Society, which was founded as early as 1771. Dinners such as the present seemed necessary to all scientific societies, but they were not merely gastronomic, as they increased *esprit de corps*.

In reply, Mr. Dowsett announced that the Society was in a flourishing condition, and pointed out that the papers read this past year had been well up to, if not above, the usual standard. The average attendance at the meetings had been forty-five—a most excellent record, as there were only about ninety dental students. He drew attention to the new dental column in the GAZETTE, towards which he hoped that many old Guy's men would send contributions.

Mr. Campkin proposed "The Visitors," and said if a society could be judged by the guests at its annual dinner as a man was judged by his friends, then this Society must rank very high in the world's societies. He coupled with the toast the name of Mr. Colyer, the Dean of the Royal Dental Hospital, whose useful writings are well known to dental students, and often remembered by them under trying circumstances.

In replying, Mr. Collier accepted the compliment as paid not only to himself, but also to his hospital, the foundation of which he was sure was expedited by the success of the Dental School at Guy's, which they had wished to emulate. One alteration in the curriculum he very much wished to make, which he feared would not be accepted willingly by all students, and that was the reduction of the period of mechanical training by one year, which year he would add to the general training.

Mr. Payne proposed the "Health of the Chairman," whose name he first learnt by seeing it carved on the desk in front of him in the old anatomy theatre, since when he had been intimately associated with him as student, house-surgeon, and colleague.

The Chairman, in reply, explained that the secret of his perennial youth, which had been commented on, was contained in the fact that he had got married.

Mr. Rowlands proposed the health of the Hon. Secretary, Mr. Mawer, to which the latter briefly replied, and "Auld Lang Syne" brought a most enjoyable dinner to a close. The success of the evening was largely due to the efforts of the following artistes. Messrs. Roy Ellis, Jacobs, Ray Edridge, A. W. Ormond, L. V. Ransford, and Barnett.

# Pass List.

## University of Cambridge, 2nd February, 1905.

DEGREES CONFERRED.

Master of Surgery.—A. R. Brailey.
Bachelor of Medicine.—T. C. Lucas.

## University of London, January, 1905.

INTERMEDIATE EXAMINATION IN MEDICINE.

S. H. Cummings Air, E. L. W. Mandel, M. J. Rattray.

SPECIAL EXAMINATION IN ORGANIC CHEMISTRY.

H. O. Brookhouse, J. A. Bullbrook, A. E. Lees.

PRELIMINARY SCIENTIFIC EXAMINATION.

Inorganic Chemistry, Experimental Physics and Biology.—J. Lee Atkinson*.

Inorganic Chemistry and Experimental Physics.—G. B. Cockrem, A. L. Fitzmaurice*.

Inorganic Chemistry and Biology.—E. A. Penny*.

Experimental Physics and Biology.—W. H. Talfourd Jones, T. I. O'Callaghan.

Inorganic Chemistry only.—H. Archer, C. H. Crump*, E. L. Elliott*, G. F. Haycraft*, P. Hirschbein*, J. L. Johnston*, T. Lewis Jones*, G. H. Peall*, J. R. Perdrau*, J. Pryce Davies*, N. A. D. Sharp*.

Experimental Physics only.—D. A. Mitchell, C. G. Morris.

*Have completed the examination.

## Conjoint Examining Board in England.

DIPLOMA IN PUBLIC HEALTH.

Staff-Surgeon A. R. Bankart, R.N., M.V.O.

## Royal Army Medical Corps.

G. B. F. Churchill.

## Royal College of Surgeons, Edinburgh.

EXAMINATION FOR THE FELLOWSHIP.

W. Silverwood Richardson.

# Sport.

FOOTBALL FIXTURES.

Saturday, February 18th.
G.H.R.F.C., I., v. Harlequins, away.
II., v. Old Merchant Taylors II., home.
G.H.A.F.C. I., v. Old Forest-hillians, home.
II., v. Clapham Rovers, away.

Wednesday, February 22nd.
G.H.A.F.C. I., v. St. Leonards, away.

Saturday, February 25th.
G.H.R.F.C., I., v. Old Alleynians, home.
II., v. Rosslyn Park II., away.
III., v. Park House "B," away.
G.H.A.F.C., I., v. Croydon Park, home.
II., v. London Hospital II., away.

Saturday, March 4th.
G.H.R.F.C., II., v. Old Whitgiftians, away.
III., v. Blackheath School, away.
G.H.A.F.C., I., v. Weybridge, away.
II., v. Central Technical College, home.

HOCKEY FIXTURES.

Saturday, February 25th.
G.H.H.C. I., v. Malden, away.

Saturday, March 4th.
II., v. Blackheath School, away.

# Rugby Football.

GUY'S v. BART'S.
Cup Tie.

This match was played at Richmond on Monday, February 13th, and ended in a win for Guy's by 3 tries to nil. Guy's, winning the toss played toward the town, and had the advantage of a slight wind. Bart's kicked off, and at once hard scrummaging took place at half-way. The ball was heeled out to both sets of backs, but faulty passing and vigorous tackling invariably caused the attacking side to lose much ground. Guy's recovered ground gained by the Bart's forwards by judicious line kicking on the part of McEvedy, Husbands and Stringer. After several futile attempts to open out the game, J. P. Jones whipped out the ball to Digby. He missed out Stringer and sent the ball along the ground to McEvedy. The latter picked it up at full speed, dashed straight through brilliantly, and when in difficulties handed on to Orpen who ran up to the full-back and in turn threw to Alcock, who scored in a fairly good position. McEvedy made a good but unsuccessful shot at goal. The Guy's forwards now played up well and several times were within an ace of scoring. Mullins, Archer and Williams being very prominent. The Bart's forwards now came away splendidly and caused the Guy's supporters some

anxiety. After some smart passing the Bart's left winger was all but over, J. P. Jones, McEvedy, and Husbands defending strongly. Good kicking by the backs and short rushes by the forwards led by Ward took play to the Bart's line, and from a scramble here, Mullins dropped over with a try. McEvedy made a poor effort to convert.

Half-time arrived with Guy's leading by two tries to nil; Guy's restarted against the wind, and play at once settled down in their half. The Bart's forwards gained possession of the ball three times out of five, but the passing of their backs was too mechanical and not accurate. Guy's also lost ground when the ball came to the backs, Jones running back too much, which caused all the other men to do so. When things were going none too well for Guy's, McEvedy came away with a splendid dribble, and later dashed off from the line out and was only brought up by the full back. The Guy's forwards now improved and made several good dashes, but Bart's forwards still held the upper hand in the tight scrummages. Their backs had several good opportunities to score, but always failed at the critical moment. Husbands saved time after time in excellent fashion, and once more the forwards took up the attack with Saunders and Pinching in the van. Following some loose play, Archer dribbled through very smartly, and scored far out; C. E. M. Jones failed to convert. Both sides played hard to the end, but no further score was made, leaving Guy's winners by three tries to nil. Team:—

GUY'S.—F. Husbands (back); L. B. Stringer, P. F. McEvedy, L. J. J. Orpen, F. Alcock (three-quarter backs); J. P. Jones, W. E. Digby (half-backs); S. McSaunders, W. G. Pinching, E. Ward, H. Mullins, W. E. Williams, H. Archer, A. Alcock, C. E. M. Jones (forwards).

REMARKS.—The game was disappointing and the form of the Guy's team left much to be desired.

The forwards on both sides played a hard solid game to the end. The Bart's forwards gained possession of the ball oftener, although the Guy's forwards appeared to hold them comfortably. The forwards must learn to use their feet and tackle more vigorously. The Oxford form was noticeable by its absence, but they stuck to their work and showed no lack of training. J. P. Jones, at half, played a magnificent spoiling game, his tackling right through being of the highest order. He should, however, learn to cut through, instead of running back. Digby also played well, especially in defence. His passing, however, was too mechanical to be effective. McEvedy was the shining light of the three-quarters, his strong runs and saving being the features of the match. Stringer made good use of the touch line in the second half. The left wing did all that was required of them, but lacked opportunities.

Husbands proved a worthy successor of Harrison, his kicking and tackling being exceedingly good, but want of good bars to his boots caused him to be somewhat slow in getting off the mark.

## GUY'S v. RACING CLUB de PARIS.

This match was played on Sunday, February 5th, at the Parc de Prince, Paris, before about 5,000 spectators. The Frenchmen won the toss, so Bingham kicked off for us against a slight wind, and with the sun in our faces. At the commencement, Guy's played well and did all the pressing, vigorous scrummaging taking place in our opponent's twenty-five, but a bad pass along the ground from our halves led to the Frenchmen obtaining the ball and passing it out smartly to their wing man; he ran the whole length of the ground and scored for them under the posts, a goal resulting. After the kick-off from half-way, Guy's pressed hard, Bingham being particularly conspicuous amongst the forwards. From a passing rush Alcock got over with a try far out, but it was not allowed.

From this point till half-time there was nothing of any interest about the game, it consisting for the most part of scraggy play between the forwards, so the Frenchmen crossed over with 5 points in their favour.

On the re-start, Guy's played with more dash and heeled the ball better, with the result that from a scrum about ten yards from their line, J. P. Jones obtained the ball and dashed over with a try. Bingham tried to improve, but failed. This was almost immediately followed by a try, which McEvedy scored with one of his characteristic rushes, but it was not improved upon. Play now became very equal and settled down in the half-way, but the Frenchman never looked like scoring again, and were never dangerous. Before the whistle blew for time, McEvedy had got over with another fine try, but the place-kick failed, thus leaving us victors by 9 points to 5 points. Team:—

H. Gibson (back); J. P. Jones, P. F. McEvedy, L. J. J. Orpen, F. Alcock (three-quarters); J. P. Jones, W. E. Digby (halves); —. Bingham, W. G. Pinching, A. Alcock, H. Mullins, Ernest Ward, C. E. M. Jones, H. M. Earle, H. Archer (forwards).

B. Glendinning was conspicuous amongst the forwards of our opponents.

## GUY'S v. R.I.E.C.

The above match was played at Cooper's Hill on January 28th. The weather conditions were perfect and the ground in capital order. Guy's lost the toss and started play against a stiff breeze. Play during the opening stages was confined to neutral territory, neither side being able to claim any decided advantage. A passing movement by the Guy's backs carried play close to the home line. By fine forward play our men kept the Collegians pinned on their line until a timely kick removed play to the centre. Aided by the strong wind, the home team quickly carried play into the Guy's twenty-five. By means of forward rushes the ball was carried over our lines, but Husbands kicked dead. The kick-out brought no relief, and for some time our defence was sorely tried. Jones, at half, was playing a fine game, his line-kicking being quite a feature of the game.

The forwards brought off many fine rushes, and repeatedly turned defence into a hot attack. Half-time arrived without any score.

On re-starting, we at once took up the running. The forwards carried the scrums in promising style, and enabled the backs to get in some neat passing rushes. Ten minutes from the re-start the home back mulled a high return by Stringer. Orpen was close at hand, and gathering the ball neatly, scored in the corner. Jones made a splendid attempt to convert, the ball striking the upright. Stimulated by this reverse, the Collegians made a strong attack on our lines and were within an ace of scoring. Fine line-kicking by Jones removed play to the centre. Neat passing by our backs saw Stringer cross the line at the corner, but the referee gave it as "held outside." From the ensuing scrum Webster obtained possession and apparently crossed the line, but the try was again disallowed. Shortly afterwards Husbands cleverly kicked across, and Digby, gathering the ball smartly at full speed, scored near the posts, but McEvedy missed the easiest of kicks. A few minutes later time was called, leaving us winners by 6 points to nil. Team :—

Guy's.— Husbands (full-back); R. Digby, L. J. Orpen, P. F. McEvedy, L. B. Stringer (three-quarters); W. Webster, J. P. Jones (halves); W. Pinching, R. Mullins, S. McSaunders, E. Ward, H. Archer, C. Jones, W. Williams, T. B. Layton.

Remarks.—The forwards showed wonderful improvement both in the scrum and in the loose. The heeling, however, leaves much to be desired. For this the men in the back row are chiefly to blame. The backs still lack effective combination.

### GUY'S v. OXFORD UNIVERSITY.

This annual fixture, which is always looked forward too with the keenest of interest by Guy's men, was played at Oxford on February 1st. The ground was in splendid condition and a large crowd turned out to witness the match. Guy's were strengthened by the inclusion of E. Morgan, E. M. Harrison, and A. R. Thompson. Winning the toss, we took advantage of a light breeze which was blowing down the ground. The kick-off was badly returned, and play immediately settled down in Guy's twenty-five. The first scrum saw Guy's in possession of the ball, and a promising movement by the backs, was spoiled by a pass forward. By means of forward rushes, the Guy's forwards carried play to the centre; here Webster set the backs going, and McEvedy, after making a fine opening, transferred to Morgan, who raced away from the opposing backs and scored a brilliant try, but Jones failed with the kick. The kick out was well returned, and then the Oxford backs executed a pretty passing movement, which Digby checked by a fine tackle. The game now became chiefly a forward one; both sides made some fine rushes, and the ball travelled up and down the field at a great rate. First one side and then the other attacked, but at half-time we were still leading by three points.

On resuming, Oxford set up a hot attack; they secured the ball in the scrums, and coming away with it at their feet, carried play close to our lines. Morgan and Jones put on some magnificent defensive work, but each time the home pack came back to the attack with greater energy.

By the aid of short line-outs, play was gradually worked back to the centre, and then a brilliant rush by the Guy's forwards carried play right on to the home line. Webster secured from a scrum and transferred to Jones, then to Orpen, to McEvedy and to Morgan, who raced for the line, but was brilliantly tackled by the home back a yard from the line. Shortly afterwards, Harrison had a kick charged down by an opposing forward, who having a clear field in front of him, looked as if he must score. Digby, however, beat him in the race for the ball, and returned into touch at the twenty-five flag. A mistake by the opposing three-quarters let our forwards in again, and after traversing half the length of the field with the ball at their feet, Archer dashed over at the corner. Harrison made a magnificent attempt to convert, the ball just missing the mark by inches, and no side was called immediately afterwards. Result, Guy's 2 tries (6 points). Oxford University, nil. Team :—

Guy's.—E. M. Harrison (back); E. Morgan, P. F. McEvedy, L. J. Orpen, H. Digby (three-quarter backs); J. P. Jones, W. Webster (half-backs); A. R. Thompson, R. Mullins, E. Ward, W. Pinching, S. McSaunders, W. Williams, H. Archer, C. E. M. Jones (forwards).

Remarks.—The team as a whole played splendidly, the foot-work of the forwards being quite the feature of the game. The heeling is still rather ragged but was a slight improvement on past games. Morgan at three-quarters was brilliant, and Harrison at back did some fine defensive work.

## Association Football.

### INTER-HOSPITAL CUP TIE.

### GUY'S v. UNIVERSITY.

This match was played at Honor Oak on Thursday, February 2nd. The ground was in good condition, but a strong wind rendered the ball difficult to control. Guy's won the toss and played with the wind. Our forwards soon got going, and after five minutes, Wearing, making a good opening, scored. After this the ball was continually round their goal, and Wearing added two more in quick succession. Barnett headed the fourth from a centre by Wragg. Before half-time further goals were added by Piper, Wearing and Letchfield, and we crossed over leading by 8 to nil.

On resuming, University, with the wind at their backs, played much better, and the game became more even. They got their first goal from a long high shot from the touch-line, which Wood misjudged owing to the wind carrying the ball. Before the end we scored three more goals, through Piper, Wearing and Barnett,

to our opponents' one, and thus obtained a rather easy win. Guy's, 11; University, 2. Team:—

Guy's.—C. A. Wood (goal); A. J. Jones and A. R. Wilson (backs); P. C. V. Pedrick, A. F. W. Denning and E. N. Plummer (halves); E. Wragg, P. C. Litchfield, D. J. Wearing, E. Barnett and S. A. Piper (forwards).

Remarks.—Wilson was very safe at back, kicking and tackling in great form. The forwards combined very nicely at times, and the shooting was better than usual. Wearing played well in the centre and shot well. He should, perhaps, get the ball out oftener to the wing men.

## United Hospitals Hare and Hounds.

MATCH v. CAMBRIDGE UNIVERSITY.

Run at Cambridge over the Gog-Magog course, which has probably never been in a heavier condition. Neither team was at full strength, we being especially unfortunate as we had neither Birt nor Chandler. Linnell ran well for us and would probably have finished second to Welsh had he not had a bad attack of stitch, and May showed greatly improved form. Beyond this we had little on which to congratulate ourselves. Snowden was quite off his day, and Carr seems unable to run a decent race this year. For Cambridge, Welsh and Pearson ran very finely, and Mears ran perhaps better than he has done hitherto. We lost by 19 to 36. Result:—

| | | | | min. | sec. |
|---|---|---|---|---|---|
| 1. | A. R. Welsh | ... Cambridge | ... | 47 | 24 |
| 2. | E. W. Pearson | ... Cambridge | ... | 47 | 34 |
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## Hockey.

INTER-HOSPITAL CUP COMPETITION.—1st ROUND.

GUY'S v. ST. MARY'S.

This match was played on the Blackheath Ground on Tuesday, before some distinguished spectators, and resulted in victory for Guy's by nine goals to nil. The ground was very sticky, rendering short hard passing difficult, and tending to develop the hit and rush game. After several abortive efforts by the forwards, Leckie took the ball cleverly into the circle and opened the scoring. Wells soon added another, and after several erratic shots from Dryland, Morres put in a very good shot from a difficult angle, and Ticehurst added an equally good one from a pass from the right. Mary's then attacked, but were soon sent back by Knight and Archer, who were both playing a very safe game. The Guy's forwards then made a series of rushes, mostly initiated by Leckie. By half-time, Davies and Wells had added further points, making the score 6–0.

In the second half, Guy's forwards were not so good as in the first, and only three more goals were added through Ticehurst (2) and Morres (1). A great many chances were missed in both halves, chiefly by Dryland, whose shooting was ataxic in the extreme.

Ticehurst, Davies and Morres were all good. Wells was inclined to turn on the ball in the circle, and he will have to keep his stick a little lower when shooting. Leckie completely paralysed the opposing forwards, and was excellent both in precept and example. Langdale and Parker are very much better in attack than defence. They passed very well, but are both rather weak with their feet. Knight and Archer were very good, though the halves did not leave them much to do. The latter was passing very much better to his wing. Moyle played with the greatest judgment. Team:—

Guy's.—H. A. Moyle (goal); H. Archer, H. S. Knight (backs); H. Langdale, M. Leckie, F. Parker (halves); L. G. Davies, C. B. Ticehurst, S. M. Wells, G. W. Dryland, F. Morres (forwards).

## Calendar.

February, 1905.

Sat. 18.—Mr. Jacobson and Sir Alfred Fripp's take-in; Drs., R. Davies-Colley and G. W. Goodhart; Cl., R. Felton.

Thur. 23.—Messrs. Symonds and Steward's take-in; Drs., E. H. Harrison and E. C. Lowe; Cl., W. N. May.

Revision Classes for L.D.S. Eng., begin.

Fri. 24.—Last day for applying to Registrar for Form of Entry for M.B., B.S. Lond. Exam.

Sat. 25.—Physical Society's meeting at 8 p.m. "The Superstitions of Medicine." F. W. M. Palmer, B.A., B.C. President: J. S. Cooper, M.A., M.B., B.C.

March.

Wed. 1.—April Appointment List opened.

Fri. 3.—April Dental Appointment List opened.

### Birth.

STEWART.—On January 2nd, at Ware, Herts, the wife of Walter G. Stewart, M.B., B.S. Lond., of a daughter.

### Deaths.

BOTHAMLEY.—On January 23rd, at 14, Balham Hill, S.W., William Parkinson Bothamley, M.R.C.S., L.S.A., aged 51.

RENDALL.—On January 14th, at Fernhill, Weymouth, Dorset, Robert Marsh Rendall, in his 93rd year.

Eds.—R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

THE Hospital is in urgent need of funds. This fact will be surprising to no one who has followed the course of financial events. Since 1895 Guy's has received very notable and generous public support; indeed, some of the individual contributions to its requirements have been nothing less than munificent, but, this notwithstanding, the aggregate of contributions has, throughout the stages of appeal, fallen short of the requirements of the case. It has never been the policy of the Governors to ask for fancy sums, and when in 1901 they went to the public for £180,000 in respect of special works, and for an augmentation in general income to meet ordinary everyday outgoings, they did not exaggerate by one penny piece the barest needs of the Hospital. In the event of any failure to secure these funds, it was inevitable that the institution must find itself embarrassed. That is what has happened, and at the close of 1904 its burden of debt had reached the formidable yet—as compared with the deserts of Guy's Hospital—insignificant sum of £84,000.

AN even greater source of anxiety than the debt referred to is the shortage in the Hospital's ordinary annual income. No institution, any more than an individual, can go on for ever living beyond its means. The captious person may reply, "Live within your means." That, for the individual, is a simple line to follow, but this Hospital could only reduce its present expenditure by the deprivation of perhaps the most necessitous poor in the Metropolis, and the paralysis of the splendid systems of internal economy and equipment established through the strenuous labours of ten years. Any course which would diminish the present good work and high efficiency of Guy's Hospital is not to be contemplated for a moment. The only right and proper solution of the difficulty is to be found in building up the resources of the Hospital to the required level.

WE therefore rejoice that the Governors have decided upon immediate steps to this end, and our next issue will contain a full statement of the case and particulars of the methods to be adopted. That they will have the cordial co-operation of Guy's men and women, past and present, is a foregone conclusion. One means has already been devised through which everyone will have the opportunity of taking an easy but effective part in the movement. The scheme to which we refer, which will have the full support of the GAZETTE, is so fascinating that we anticipate for it a rousing success, but we must ask our readers to restrain their curiosity and impatience to be up and doing until the appearance of our next issue.

In the March number of the Grand Magazine, a monthly periodical which has but recently made its appearance (as a result no doubt of another of those "long felt wants," of which the educated masses are similarly reminded from time to time), and which can be purchased for the comparatively trifling sum of 4½d., there appears beneath the heading "Under the X-rays," an anonymous article by a medical practitioner entitled "Hospitals: their Use and Abuse." Let us say at once that on perusal the abuse is sufficiently obvious, but we scarcely think that the anonymous author has justified himself as regards the first half of his title. Also the choice of the X-ray simile has in this instance an unconscious appropriateness, for do not even the rays themselves prove first-rate hands at distorting appearances and misleading the foolish? It is not that this shy and retiring writer may not be a most important person from the point of view of fiction and light literature generally; of that, under the circumstances, we have no means of judging; but supposing for one moment that he were the most pitiful ink-slinger that ever put pen to paper, the results would be the same as regards that large class of people that accept any mortal statement, so long as it be printed in clear black type and on uncoloured paper.

In this same article, a public, of whose unlimited credulity there is abundant proof, is at present reading, side by side with information concerning certain "Trade Swindles" and certain "Real Experiences of the Supernatural" that:—"It may be said, with perfect truth, that the girls and young women who attend the public hospitals gain the possible healing of their bodies at the expense of mortal injury to their souls." This is the most hysterical sentence in an hysterical article, which, in the main, would have it that in public hospitals, men, women and children are at the mercy of coarse-mouthed surgeons and physicians and grubby-handed, foul-minded students; that both staff and students are totally destitute of manners, morals, and all the finer instincts of humanity; and that the patients are persistently exploited and used as so much clinical "material." It is impossible to combat these preposterous statements which are circulating broadcast amongst those on whose support public hospitals are compelled to rely, and that they will do harm in countless ways is only to be expected. On the whole, it would have been more straightforward on the part of this unknown medical practitioner if he had exposed these "hospital scandals" while he was a student, instead of refraining from doing so until he had made good use of hospitals as a means of clinical experience before he published his anonymous attack.

Commenting on Hospital Rugby football, Mr. C. B. Fry has put the case for the extension of the five years' limit as well as it can possibly be put, but we have little hope of any alteration in the existing order of things in spite of C. B.'s dictum. We can only hope that the motives that induced the other hospitals to defeat this project at the general meeting held some time back were not quite so petty as C. B. would have us believe, although there is enough of the old Adam even in the best of sportsmen to make them guard their own immediate interests with an excess of zeal. Mr. Fry points out that the premature loss of a hospital's finest players inevitably leads to a slump in interest and keenness. "Now that the hospital fifteen have been deliberately weakened by the joint action of the hospitals in refusing to agree to an extension of the time limit to seven years, interest in the game is bound to flag. Nothing succeeds like success in footer, and men will not take the same pride in their hospital fifteen, nor will they be so desirous of 'getting their places' so long as the hospital fifteen are merely a moderate side." Guy's is cited as an example of this state of affairs, and the poor chance that most hospital teams will stand against the two 'Varsities with the regulations as they are at present is also touched upon.

We live in an age whose ruling passion is organisation for its own sake, and no sooner are we comfortably settled into one rut, and just beginning to appreciate it, than some clever fellow finds what he says is a better one, and out

we all must scramble, and it is nearly always a change for the worse. The latest scheme is a London University Musical Society, whose members are to be drawn from each and all of the University's many branches, both in science and in art. Every medical student whose school is under the régime of the University will be welcome amongst these songsters, provided (and here lies the rub) he can satisfy a special committee that he really is musically inclined and can read music unerringly. No doubt but this is a wise and politic scheme on the part of the University, but the result will be that the best men will be weeded out from our Choral Society, and the Court Room will know them no more. The Hospital Choral Society will cease from being the centre of interest, and hospital (male) music will be once more at a low ebb. Besides this, there is the social point of view to be considered. Why should a man leave his hospital where his comparative mediocrity is known and respected that he may go and cut a sorry figure amongst strangers? Let those who harbour notions of flying to pastures new consider the social advantages of the Court Room; if these fail to attract them, let them think of the merciless examining committee and the perils of the semitone too low; and if these also have no terrors for them, let them finally imagine themselves singing among strange and spectacled pursuers of other callings, and then let them follow in the footsteps of the oldest oyster who "winked his eye and shook his heavy head."

We have great pleasure in calling further attention to the concert of the Nurses' Choral Society and Students' Glee Club, which is to be held in the Court Room on Tuesday next, March 7th. The pièce de resistance on this occasion is to be "The Revenge," by C. Villiers Stanford, and we have no doubt that on this occasion the society will once more acquit itself in its usual faultless style.

All members of the Junior Guyite Club are requested to note that the twenty-fifth dinner of the club will be held at the Restaurant Frascati on Thursday, May 4th.

On Tuesday, March 14th, at 6 p.m., an assault-at-arms will take place in the College Gymnasium. Dr. Pavy has consented to preside and to distribute the prizes for boxing, fencing and gymnastics. The entrance fee on this occasion will be 1s., and no doubt the gymnasium will be duly crowded with backers and disinterested spectators. A great feature of the display will be the promised encounter between Mr. Higgens and a professional bruiser. Surely this item alone will be enough to pack the gymnasium!

The more fateful Inter-Hospital meeting will be held on Friday of the same week at the German Gymnasium, St. Pancras Road. At present the hospitals competing are the London, Mary's, Thomas's, University, and Guy's, but possibly other hospitals will enter previous to the fixed date; it will be remembered that the first named of these hospitals at present holds the cup for the most popular sport. Our men are not very sanguine of complete success, but judging from the candidates at present training, and the form they have shown on previous occasions, there is no fear of their not making a stubborn fight.

In connection with the teaching of Hygiene and Temperance, we have been requested to announce that on Friday, March 24th, a Medical Conference will be held in the Theatre of the Examination Hall, Victoria Embankment. Sir William H. Broadbent, Bart., K.C.V.O., F.R.S., will preside, and the meeting will be addressed by—

Sir Victor Horsley, F.R.S., F.R.C.S., on "The present position of the scheme for Education in Hygiene and Temperance."

Robert Jones, Esq., M.D., F.R.C.P., on "The Report of the Inter-Departmental Committee on Physical Deterioration."

Sir Thomas Barlow, Bart., K.C.V.O., on "The Present Position of the Medical Profession in Relation to Alcohol."

W. McAdam Eccles, Esq., M.B., F.R.C.S., on "The Teaching in the Medical Schools of the Pharmacological and Toxic Properties of Alcohol."

The meeting will commence at 5 p.m. and terminate at 6.30 p.m., and all medical practitioners and students are invited to be present.

# On Functional Bruits and Functional Heart Disease.

CLINICAL LECTURE by Dr. G. NEWTON PITT.

February 9th, 1905.

Gentlemen,—One of the difficulties which we often meet with in practice is to come to a conclusion as to whether a patient is suffering from a definite organic disease of the heart, or whether the trouble is due to some functional disturbance from which he will recover completely. There are two points of view from which you may look at the question. First, from the point of view of the bruits; for when listening to a heart you not infrequently hear an abnormal noise or sound. The question arises, is that changed sound due to some definite organic disease, or is it simply the result of some disturbance of function? On the other hand, you may have a patient complaining of cardiac pain, palpitation, or dyspnœa on exertion, and various signs which we are in the habit of associating with defective action of the heart, and you want to decide whether they are the result of organic disease, or merely the result of a disturbance which will pass off and not leave any permanent result.

I will begin by considering the various factors which enable one to form a conclusion as to whether a certain abnormal sound which you hear is the result of organic disease or merely of disordered function. Of course the question is much complicated by the fact that at the beginning of many organic lesions the change is purely functional, and it is only in the course of weeks or months that there is conclusive evidence of definite organic disease. This is very familiar to you in connection with acute rheumatism; you frequently hear a systolic bruit at the apex of the heart. You label that as a local apical systolic bruit without committing yourself to any definite opinion for several weeks as to whether it is an organic or a functional lesion. The mitral valve consists of connective tissue with an endothelial covering and contains lymphatics but no blood vessels. There is little doubt that a fairly active circulation is carried on through those valves along the lymphatics, and the endothelial cells also are by no means passive in their function; they are active phagocytes, and constitute one of the means of clearing the blood of micro-organisms. If you suddenly alter the pressure in the aorta you find that little irregular swellings develop on the surface of the mitral, owing to the collection of fluid in these lymphatics. Such a condition may be only temporary; if the increase of pressure be permanent it will cause these little lymphatics to gradually become filled with cells, which will organise and form fibrous tissue. In the same way with regard to acute rheumatic endocarditis; the organisms and the leucocytes accumulate in these lymphatics and produce little projections on the surface of the valves. Those projections are most marked along the line where two valves come into contact, *i.e.*, where there is greatest friction. In acute rheumatism there is always within a few days some myocarditis, the tone of the muscle is therefore altered and the heart quickly dilates. One of the mechanisms by which the mitral valve is kept competent is by the tone of the muscles round the root of the valve. Where this is defective the lumen may be so far increased as to become imperfectly closed by the valves. But the change which takes place in the valves is a slower process, and even when there are small vegetations, although they may project slightly, they are so soft that merely their presence does not make the valve incompetent; it is only as the cells infiltrating the valve gradually organize and shrink, and form new connective tissue, that the valve becomes shortened, so that it is incapable of closing even a normal-sized orifice. Therefore in acute endocarditis, there is never definite mitral incompetence with a well marked organic bruit under six weeks. Of course, with fungating endocarditis rapid destruction of the valves may lead to well-marked incompetence within a few days. During those six weeks, and even for the first two months of the illness you may have a localised apical systolic bruit, of such a character that during that time you only label it as a functional bruit, but you do not thereby necessarily imply that it may not turn out to be the precursor of a bruit which is indicative of organic change.

The sclerotic change which permanently reduces the size of the orifice at the end of the valves so as to produce mitral stenosis is more extensive, much further advanced, and requires at least three months.

Now, what are the characteristics of bruits which may be temporary and may finally disappear? When you tabulate the various sounds which you hear over the heart and correlate them with your post-mortem experience, you find that the abnormal sounds which occur without any post-mortem changes in the heart are not very numerous. All the bruits un-

associated with definite lesions of the valves are systolic in time—none of them are presystolic and none diastolic. These systolic bruits may occur in the pulmonary, the mitral, and the tricuspid areas, *i.e.*, those are their points of maximum intensity and they probably originate at those valves.

As to aortic systolic bruits, there is no doubt functional systolic bruits may be heard in the second right space, but there is considerable doubt in the minds of many as to whether they are not produced at one of the other orifices. The mitral valve may become incompetent by dilatation of the left ventricle, the tricuspid by dilatation of the right ventricle, the pulmonary by dilatation of the pulmonary artery. These undoubtedly occur comparatively frequently without any organic disease. The question is, does the aorta ever dilate seriously so as to give rise to a bruit independently of atheroma or other disease? The evidence, on the whole, is against that. So one is inclined to consider any functional bruits which are heard to the right of the sternum as probably originating in one of the other orifices already referred to.

*A systolic bruit audible in the second left space.*—This is one of the commonest functional bruits, and may occur under many conditions of debility, such as loss of blood, chlorosis, dyspepsia, or in association with phthisis and cancer. The bruit is best heard at about the third left cartilage, and from that region it is traceable up to the second and the root of the neck. It may also extend down to the fourth and fifth cartilages. As you listen towards the apex it rapidly fades away. Even if it reaches the apex it does not increase in intensity as it approaches it. An aortic stenotic bruit, however, tends to become louder if it is audible at the apex. This basic systolic bruit is often associated with another which arises at the mitral orifice. The pulmonary bruit is very rarely transmitted to the right of the sternum, and may be said to have its area of maximum intensity around the arc of a circle, the centre of which is in the left axilla. Its character varies, sometimes it is harsh, sometimes quite soft. It is never intermittent or vibratile, like the bruit of aortic stenosis. It is a continuous, although it may be a harsh sound. It is superficial, and appears to be close to the ear. It will often be found to vary with the pressure of the stethoscope, and varies considerably with respiration. Not infrequently it is associated with some pulsation in the second and third left spaces, to which I shall refer again soon. The effect of respiration upon it is not always constant, but it seems to be most marked at the end of expiration. It is particularly affected by alterations in position, and this is an important characteristic. It is always most marked when the patient is lying on his back, and not infrequently disappears when you sit him up; or at any rate alters in intensity. Organic bruits are not so readily altered by changes of position. Turning the patient over on to the right side sometimes makes it less, turning him on to his face may cause it to disappear altogether, so that its maximum intensity occurs with the patient in the supine position. The bruit is usually associated with an alteration in the cardiac dulness. The superficial cardiac dulness of the normal heart, *i. e.*, the part uncovered by lung, begins above at the fourth rib, and extends down to the fifth space and extends from the sternum to the apex. It is represented by a small area, two and a half inches in diameter. In debility there is an increase upwards of this cardiac dulness. Occasionally it reaches as high as the second space. The impulse of the heart is also carried up. The length of the septum is not appreciably altered, but the tendency is for the heart to rotate out and upwards, so that the impulse is just internal to the nipple at the fifth rib, and sometimes as high as the fourth space. In thin patients the normal superficial cardiac dulness can be traced behind the sternum, and may be described as bounded above by a line with its concavity upwards, extending from the third left cartilage to the sixth cartilage on the right side. In stout patients or people with ankylosed cartilages and rigid chest walls, you cannot make out any abnormality in the dulness behind the sternum; such as you can in thin people. Another change which takes place, is that the dulness may extend slightly to the right of the sternum, say a quarter of an inch to half an inch in the fourth space. But the chief change I want you to note is the vertical increase. This differs considerably from the change which occurs in the superficial cardiac dulness in organic disease with either mitral stenosis or incompetence. You then find the impulse of the heart, may be, displaced outside the nipple, and generally downwards as well. The dulness does not, as a rule, extend up higher than normal as it does in functional cases. On the other hand, the extension to the right may be as much as one and a half or two inches.

Now, as to the impulse itself. In the case of debility the impulse is sometimes only felt with difficulty; and very often it can be seen better than it can be felt. In organic cases, however,

there is a heaving forcible impulse, which lifts your finger up. In debility the impulse very rarely extends beyond the nipple line, and it may be diffused over a considerable area. Almost invariably you find it associated with pulsation in the second space, and not infrequently in the third and fourth, and vice versâ, when there is pulsation a pulmonary systolic bruit is usually audible. In all the bruits of debility you find the pulsation is much more sustained than it is in mitral incompetence. In the latter you have a low-tension pulse. You also fail to obtain any marked epigastric pulsation which is sometimes so constant a sign of mitral disease.

I will now say a few words as to the views concerning the production of the murmur. It used to be supposed at one time that the pulsation in the second left space might be due to the appendix of the left auricle. Normally, even when very much enlarged, the appendix of the auricle does not come anywhere near the chest wall; and all the evidence is against pulsation in that region ever being due to the appendix; in that region, it is due to the distension of the pulmonary artery and conus arteriosus. Some years ago Dr. Foxwell, of Birmingham, made a very interesting series of experiments to see whether dilatation of the pulmonary artery could cause a bruit in that region. He found that if you remove the heart, drive an artificial circulation through it, cut a window in the pericardium, and allow the pulmonary artery to bulge a little through it, you at once produce a systolic bruit in this region; whereas, if you sew up the pericardium again so as to hold the pulmonary artery in its position, the bruit disappears. So he showed, at any rate, that dilatation of the pulmonary artery was sufficient to produce the bruit. He also showed that in some of the cases it is possible to demonstrate the distension of the pulmonary artery post-mortem, and the fact of its pulsating in that region during life is evidence that this change has occured The dilatation is, in most cases, only temporary, and there is generally very little, if any, evidence of it post-mortem.

We have referred to the elevation of the upper edge of the superficial cardiac dulness, and there is evidence in favour of the view that the pulmonary valves, owing to the distension of the right ventricle, are carried up higher than normal, while the bifurcation of the pulmonary vessel remains more or less fixed owing to its attachment to the lungs, the effect is to produce more or less dilatation of this vessel owing to the shortening of the length between the bifurcation and the pulmonary orifice, there is, therefore, much to be said for the view that this bruit is produced by a distension of the first part of the pulmonary artery; when the circulation improves, the right ventricle is no longer overdistended and the bruit will disappear. The second pulmonary sound is often very accentuated in cases where this bruit is present. Sometimes it is noticeable after the bruit has disappeared, being associated with increased tension in the pulmonary system. The fact, also, that the bruit is best marked in, and, in fact, is often only audible in, the supine position would be in favour of this view. In the supine position the pulmonary orifice is more or less above the bifurcation, whereas when the patient is standing, this vessel is not pushed up so much, as the heart tends to drop down, and therefore the bruit is diminished. The thrill, if there be one, is very slight.

*The systolic mitral bruit.* In a very large number of cases of anæmia and ill-health, a mitral bruit will develop, with its maximum at the apex. The question is, Can there be an apical bruit without incompetence through the mitral valve? It may be present without disease of the valve, but the evidence at present is that if you have a systolic apical bruit with a maximum at the apex, it is due to regurgitation of the blood through the valve, either owing to disease of the valve or to lack of tone in the muscle. If you bleed an animal to death, when a large amount of blood has been lost a systolic bruit becomes audible at the apex. If you then infuse it with saline fluid the bruit persists and will not disappear until the blood again approximates to its normal quantity of hæmoglobin. So it is clear, that profound anæmia is sufficient to cause an apical bruit, which will disappear on the recovery of health. This bruit is best heard in the region of the apex, or just a little internal or external to it. The bruit is seldom of so harsh a character as the bruit of the pulmonary artery may be. As a rule it is not traceable very far, and its intensity diminishes fairly quickly. It is altered by respiration more than a normal organic bruit would be, and also somewhat by the pressure of the stethoscope. This bruit also is often more marked in the recumbent position. If a bruit is very musical or rasping it is not likely to be a functional one. An organic bruit is much more likely to be traceable for a considerable distance, it may be round to the back, and it does not vary readily. Sometimes if a patient walk briskly up and down the room two or three times the bruit

will disappear. But if it is an organic bruit it will be intensified. On the other hand, brisk exercise by over-distending the right ventricle may intensify a pulmonary bruit. The heart is not appreciably enlarged.

*The tricuspid systolic bruit* is often produced by the safety-valve action of the right ventricle. When you take sudden exercise, you over-distend your right heart and may develop considerable dyspnœa. Very often when a person is out of training and does not get his second wind readily, a well-marked systolic bruit will be audible over the tricuspid area, that is, one whose maximum is at about the fourth left space. It is traceable down to the fifth and sixth spaces, and goes up to the vessels of the neck on both sides. It also crosses over to the other side more than the ordinary pulmonary bruit does. If the patient is in good training the reserve power of the heart is considerably increased, the dilatation which takes place after running, say, is not so great, and the tricuspid bruit does not appear. But this tricuspid bruit may also result from anæmia and debility in the same way as the others; it also is not infrequent in pregnancy. Sometimes, however, the bruit lasts a long time, and may be permanent, in which case we are no longer justified in speaking of it as a functional bruit, but must accept it as organic, although it may be due to a permanent lack of tone in the right ventricle, and not necessarily to organic disease of the valve. Such bruits often occur in soldiers. The equipment of soldiers is very unsuitable for marching. The tight tunic and strap across the chest, often produces dilatation of the right ventricle in young soldiers, particularly at manœuvres. The condition is known as "irritable soldier's heart," and is a well-recognised cause of invaliding and inability to do work. Such patients complain of pain on exertion; they have dyspnœa; the pulse is rapid and sudden, there are frequently dyspeptic symptoms, and the patient tends to become anæmic. Obviously the treatment for such a condition is prolonged rest, to enable the heart to recover itself. With young people, rest is usually sufficient to allow recovery to occur; but in patients of 40 to 50 it is by no means infrequent for some strain to be the commencement of permanent dilatation of the heart, which progresses from bad to worse, finally ending in general water-logging. More than once I have seen a patient who, after running upstairs carrying a heavy bag to catch a train has had dilatation of the heart, from which he has never recovered. It is more difficult to form a definite judgment as to whether the mitral and the triscupid bruits are organic or functional, than is the case with the pulmonary bruit. A judgment should be formed on all the factors, and not merely by the character of the bruit itself. While the bruits are perhaps softer and more localised than the organic ones, still in many cases it is only by considering the causes the presence or absence of other changes in the heart and circulation, and particularly the course of the disease, that you can come to an accurate conclusion as to whether there is permanent disease or not. The rate of the pulse in these cases of functional bruit is almost always above the normal; it may be 80 or more. But functional bruits do not produce the hypertrophy of the impulse, nor the marked epigastric pulsation, which may be found with organic disease.

In connection with abnormal sounds, I will now discuss reduplication of the cardiac sounds which sometimes occur as the result of organic, and sometimes of functional disease.

*Reduplication of the first sound.*—This occurs under several conditions. We will take the more common causes, and the order of frequency, as given in a recent paper by Dr. Phear is as follows: The first and most common is chronic Bright's disease and high arterial pressure. The next is dyspepsia and flatulence. Next there comes emphysema, then anæmia and chlorosis, and lastly, mitral disease. The first two of these causes are each responsible for 30 per cent. of the cases, the next 20 per cent., and the others about 10 per cent. each. As a rule it is the second part of the first sound which is accentuated. The two sounds are not distinct from one another but overlap, and the doubling is chiefly noticed at the apex. It is universally held by physiologists that under all conditions the two ventricles contract simultaneously, whatever be the relative pressures on the two sides. It is also possible that the musculi papillaries contract simultaneously: that, however, is not quite so certain. But it is also generally allowed, that it does not necessarily follow that the tricuspid and mitral valves close at the same time. Probably this reduplication is due to the fact that the closure of one or other of these valves is retarded, and therefore closes under a greater tension and consequently causes a greater noise than the other. The first sound consists partly of a muscle element, and partly of a tension element, due to the strain on the musculi papillaries. The conditions mentioned above, in most cases, indicate an increased strain of the heart on one side or the other. In chronic Bright's disease

it will be associated with accentuation of the second sound on the right of the sternum. In mitral disease and emphysema the accentuation is over the pulmonary area. So probably the correct view with regard to reduplication of the first sound is that the tricuspid and mitral valves do not become tense absolutely synchronously and that the organic conditions which are the most important causes are chronic Bright's disease, emphysema, and mitral disease. There remain two very important functional groups, dyspepsia and anæmia. In nearly half the cases when this sign is present it is not evidence of any organic disease.

Potain, a French authority, refers to this as an extremely common condition, occurring in many healthy people. That is not the experience of observers in England, but its presence is not sufficient to justify a diagnosis of organic disease of the heart. It is, however, much more suggestive of functional disturbance than is reduplication of the second sound. The latter generally indicates organic disease. In a healthy person, reduplication of the first sound may be produced by forced breathing, and by severe and sustained physical effort.

*Reduplication of the second sound* is much more frequently evidence of organic disease. By far the most common cause is mitral stenosis. Probably in one-third of the cases of mitral stenosis there is reduplication of the second sound at the base, and a certain number of cases of Bright's disease and of failing heart from degenerate muscle will also present that sign. It indicates that the aortic and pulmonary cusps do not close synchronously, and the delayed valve is the one which is subjected to abnormal tension. It may, however, be produced in health at the end of deep inspiration. Reduplication of both first and second sounds is very rare, and only occurs with organic disease. The apparent reduplication of the second sound which sometimes occurs at the apex only, is quite distinct; it only occurs in mitral stenosis seems to arise at the mitral valve, and often alternates with or is succeeded by a mid-diastolic rumble.

Reference may here be made to certain exopericardial sounds which are not due to any organic disease of the heart, which occasionally gives rise to difficulty as to diagnosis. They are produced by the movements of the heart affecting an adjacent portion of lung, generally at the region of the apex, and cause a whiff, crackle, or creak, synchronous with the heart-sounds. They differ in quality from bruits, they disappear when the patient is in the erect posture or when he holds his breath, and vary with the pressure of the stethoscope. With care they can generally be identified.

This finishes our discussion of abnormal cardiac sounds not due to organic cardiac disease; the question of the various symptoms which may indicate only a functional disturbance of the heart must be left to another lecture.

## Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Wednesdays, March 8th and 15th, 1.30 p.m., Clinical Surgery, by Mr. Symonds.

Saturdays, March 4th, 11th and 18th, 1 p.m., Clinical Medicine, by Sir Cooper Perry.

Monday, March 6th, 1.15 p.m., lecture by Mr. Fagge.

## Guy's Hospital Dental Society.

On Friday, the 17th of last month, a meeting of the above Society took place, the President, Mr. R. Wynne Rouw, M.R.C.S., L.R.C.P., L.D.S., who had made a special effort to be present, being in the Chair. The evening was devoted to clinical cases, of which seven were brought forward. A certain amount of difficulty in obtaining special cases prevented a large number being shown, but, nevertheless, several interesting patients were present.

After about half-an-hour spent at the chair-side, the meeting adjourned to the Physics Theatre, where a discussion was opened by the President, and contributed to by the following:—Messrs. Payne, Dowsett, Vine, Forty, Pierrepont, Pearce. Fenn, Holborn, Oliver and Marjolies, after which the meeting terminated.

## Papers by Guy's Men.

Lettsomian Lecture on Functional Mental Disorders. By George H. Savage, M.D. Lond, F.R.C.P. Eng.—*Lancet*, 18th February, 1905.

A Clinical Lecture on a Case of Multiple Disease of Joints in a Young Child. By W. Hale White, M.D. Lond., F.R.C.P. Lond.—*British Medical Journal*, February 25th, 1905.

Notes on the Microscopical Examination of Bone Marrow. By Cecil Price-Jones.—*Ibid.*

# Correspondence.

*To the Editor of* Guy's Hospital Gazette.

## Eighteenth Century Medicine.

Dear Sir,—A few days ago Dr. Vaughan Pendred kindly gave me an old book entitled "Cases in the Acute Rheumatism and the Gout," by Thomas Dawson, M.D. Third edition, 1776. I know that most readers of the Gazette are interested in anything showing the mode of practice at Guy's in years gone by, and, therefore, I thought I would send you the following quotation from the book concerning the use of Volatile tincture of Guaiacum. The author believes this to be a most valuable medicine, indeed, the object of the book is largely to show its virtues. On page 85 he says: "I could not therefore be but surprised afterwards whilst I was attending Guy's Hospital, in the years 1754, 1755 and 1756, to find it given daily to the quantity of half an ounce."

"It was first introduced there, according to the best information I could get, by the late Dr. Munckley; and might possibly be occasioned by the following circumstance:—Mr. Girle, an eminent surgeon, had been for a long time afflicted with a sciatica, or hip-gout, for the removal of which he had taken this tincture for a great length of time, but to no purpose. Wearied out with the pain, he applied to Sir Edward Hulse, who asked him, what he had done for himself. On being informed that he had only taken a teaspoonful of this tincture, he desired him to continue the medicine, but, instead of taking it by teaspoonfuls, the ordinary and common quantity, to take tablespoonfuls; which he did accordingly, and was thus effectually cured. So much for its introduction into that hospital. . . . . ."

"After what had been advanced above, it is something surprising that a medicine which hath been in daily use for a great number of years in one (and in one only) of our public hospitals, should on no occasion have been prescribed by the physicians of that house in what is called their private practice. No instance, at least, could be produced of it having been directed abroad, after a most diligent search through the town in the year 1772. Nay, some of the oldest apothecaries, and of the most extensive practice, had acknowledged they could not remember ever to have seen or heard of it having been so prescribed."

Nicholas Munckley was physician to Guy's Hospital from 1748 till his death in 1770. He was created M.D. of the University of Cambridge in 1753 by express royal mandate.—Yours very truly,

W. HALE WHITE.

# "De Profundis."

The literary "last will and testament" of that gifted wit and noted *flâneur*, whose career came to such an ignoble end in the courts of justice some few years ago, will probably be read by a multitude of people in the course of the next week or two. By many merely by reason of a certain itch of curiosity to see what sort of a book such an abandoned and wicked person would write when under the ban of society, by many others, the great majority, purely as an important piece of literature by a great writer. Here it will merely be considered as of interest from the point of view of its problem as to whether it may be a genuine human document or after all but the last scintillation of a self-conscious and cynical literary genius.

The circumstances under which *De Profundis* was written are mentioned in the preface; Oscar Wilde had been in prison two years and had one year more to wait for his release, and the book was written, in the form of letters to an intimate friend, as a relief to a mind over burdened with the acute consciousness of a wasted life. If any situation ever could lead to honesty with oneself here at any rate it existed; the question is, was Oscar Wilde's attempt successful?

It is a difficult query to answer and for the sake of a standard we are going to choose as a comparison what is generally supposed to be one of the most truthful of all human documents, the Diary of Samuel Pepys; and no more understanding or acute appreciation of that diary has been written than by Robert Louis Stevenson in "Familiar Studies of Men and Books." Here, to quote from the essay in question, is an example of Pepys as seen by R. L. S.:—

"That there should be such a book as Pepys's Diary is incomparably strange. Pepys, in a corrupt and idle period, played the man in public employments, toiling hard and keeping his honour bright. Much of the little good that is set down to James the Second comes by right to Pepys; and if it were little for a king it is much for a subordinate. To his clear capable head was owing somewhat of the greatness of England on the seas. In the exploits of Hawke, Rodney, or Nelson, this dead Mr. Pepys of the Navy Office had some considerable share. He stood well by his business in the appalling plague of 1666. He was loved and respected by some of the best and wisest men in England. He was President of the Royal Society, and when he came to die people said of his conduct in that solemn hour—thinking it needless to say more—that it was answerable to the greatness of his life. Thus he walked in dignity, guards of soldiers sometimes attending him in his walks, subalterns bowing before his periwig, and when he uttered his thoughts they were suitable to his state and services. On February 8th, 1668, we find him writing to Evelyn, his mind bitterly occupied with the late Dutch war, and some thoughts of the different story of the Great Armada: 'Sir, you will not wonder at the backwardness of my thanks for the present you made

me, so many days since, of the prospect of the Medway, while the Hollander rode master in it, when I have told you that the sight of it hath led me to such reflections on my particular interest, by my employment, in the reproach due to that miscarriage, as have given me little less disquiet than he is fancied to have who found his face in Michael Angelo's hell. The same should serve me also in excuse for my silence in celebrating your mastery shown in the design and draught, did not indignation rather than courtship urge me so far to commend them, as to wish the furniture of our House of Lords changed from the story of '88 to that of '67 (of Evelyn's designing), till the pravity of this were reformed to the temper of that age, wherein God Almighty found His blessings more operative than I fear he doth in ours his judgments.'

This is a letter honourable to the writer, where the meaning rather than the words is eloquent. Such was the account he gave of himself to his contemporaries; such thoughts he chose to utter, and in such language, giving himself out for a grave and patriotic public servant. We turn to the same date in the Diary by which he is known, after two centuries, to his descendants. The entry begins in the same key with the letter, blaming the "madness of the House of Commons" and "the base proceedings, just the epitome of all our public proceedings in this age, of the House of Lords," and then without the least transition, this is how our diarist proceeds: "*To the Strand, to my bookseller's, and there bought an idle, rogueish French book, L'escholle des Filles, which I bought in plain binding, avoiding the buying of it better bound, because I resolve, as soon as I have read it, to burn it, that it may not stand in the list of books, nor amongst them, to disgrace them, if it should be found.*" Even in our day, when responsibility is so much more clearly apprehended, the man who wrote the letter would be notable; but what about the man, I do not say who bought a rogueish book, but who was ashamed of doing so, yet did it, and recorded both the doing and the shame in the pages of his daily journal?"

Here, as everywhere in the Diary, Pepys has "outstripped all competitors in the art or virtue of a conscious honesty about oneself." But, after careful perusal of *De Profundis* we are afraid that the same cannot be said about Oscar Wilde, with the exception of one, or possibly two, passages which have the ring of unlaboured truth. The first is in a letter to his friend, quoted in the preface, "I don't defend my conduct. I explain it. Also there are in my letter certain passages which deal with my mental development in prison, and the inevitable evolution of my character and intellectual attitude towards life that has taken place; I want you and others who stand still by me and have affection for me to know exactly in what mood and manner I hope to face the world. Of course, from one point of view, I know that on the day of my release I shall be merely passing from one prison to another, and there are times when the whole world seems to me no larger than my cell, and as full of terror for me." Again, later on, the same d recurs,—"Of course, I know that from one point of view things will be made different for me than for others; must indeed, by the very nature of the case, be made so. The poor thieves and outcasts who are imprisoned here with me are in many respects more fortunate than I am. The little way in grey city or green field that saw their sin is small; to find those who know nothing of what they have done they need go no further than a bird might fly between the twilight and the dawn; but for me the world is shrivelled to a handsbreath, and everywhere I turn my name is written on the rocks in lead. For I have come, not from obscurity into the momentary notoriety of crime, but from a sort of eternity of fame to a sort of eternity of infamy, and sometimes seem to myself to have shown, if indeed it required showing, that between the famous and the infamous there is but one step, if as much as one."

In lines like these the real man peeps out, full of misery and fear, attempting to comfort himself by writing as a frightened child in the dark attempts comfort by talking to itself aloud. Throughout the rest of the book the man is submerged in the literary craftsman and æsthete, and the result is a sort of decadent half mysticism, half religion, written entirely with a regard to the artistic point of view and with a, quite possibly unconscious, eye on the literary public. In fact, it seems most likely, that a man such as Oscar Wilde, with a pen in his hand, was no more able to control it and write unaffectedly and honestly than a water finder is able to control the divining rod held between his fingers.

Here is a passage characteristic of the greater part of the book. "I had said of Christ that he ranks with the poets. That is true. Shelley and Sophocles are of his company. But his entire life also is the most wonderful of poems. For 'pity and terror' there is nothing in the entire cycle of Greek tragedy to touch it. The absolute purity of the protagonist raises the entire scheme to a height of romantic art from which the sufferings of Thebes and Pelops' line are by their very horror excluded, and shows how wrong Aristotle was when he said in his treatise on the drama that it would be impossible to bear the spectacle of one blameless in pain. Nor in Æschylus nor in Dante, those stern masters of tenderness, in Shakespeare, the most purely human of all great artists, in the whole of Celtic myth and legend, where the loveliness of the world is shown through a mist of tears, and the life of a man is no more than the life of a flower, is there anything that, for sheer simplicity of pathos wedded and made one with sublimity of tragic effect, can be said to equal or even approach the last act of Christ's passion. The little supper with his companions, one of whom has already sold him for a price; the anguish in the quiet moon-lit garden; the false friend coming close to him so as to betray him with a kiss: the friend who still believed in him, and on whom he had hoped to build a house of refuge for man, denying him as the bird cried to the dawn; his own utter loneliness, his submission, his acceptance of everything; and along with it all

such scenes as the high priest of orthodoxy rending his raiment in wrath, and the magistrate of civil justice calling for water in the vain hope of cleansing himself of that stain of innocent blood that makes him the scarlet figure of history, the coronation ceremony of sorrow, one of the most wonderful things in the whole of recorded time; the crucifixion of the Innocent One before the eyes of his mother and of the disciples whom he loved; the soldiers gambling and throwing dice for his clothes; the terrible death by which he gave the world its most eternal symbol; and his final burial in the tomb of the rich man, his body swathed in Egyptian linen with costly spices as though he had been a king's son. When one contemplates all this from the point of view of art alone one cannot but be grateful that the supreme office of the Church should be the playing of the tragedy without the shedding of blood; the mystical presentation, by means of dialogue and costume and gesture even, of the Passion of her Lord; and it is always a source of pleasure and awe to me to remember that the ultimate survival of the Greek chorus, lost elsewhere to art, is to be found in the servitor answering the priest at Mass."

This is fine writing but nothing deeper, and we feel convinced that all who read *De Profundis* will agree that, honest as the writer evidently meant to be, he could not divest himself of his eternal pose, and that those who may seek for some answer to the old agnostic cry of "jesting Pilate" had far better read their Pepys.

One more attempt has only shown how impossible it is for the great mass of humanity to, even if they wish, write about themselves without attempting some self-ustification in the act. The more decent, shrinking, ommon herd, generally perhaps wisely, think that some things are better not written, but kept unspoken in the secrecy of their own souls.

## Pupils' Physical Society.

A Pathological meeting was held in the Will's Library on February 11th, Mr. G. A. Ticehurst being in the Chair. The following specimens were shown:—

An enlarged thymus, equal in weight to the heart, from a child of nine months. Each lobe showed a cyst containing milky fluid. Mr. G. C. F. Robinson.

An excised knee-joint upon which an erasion had been performed nine years before, the patella having been sawn across and wired. Mr. Harrison.

Ruptured aorta. Mr. Goss.

Stricture of sigmoid and an ovarian dermoid. Mr. Louisson.

Stricture of ileo-cæcal valve. Mr. A. R. Thompson.

Ovarian cyst. Mr. Purdom.

Endothelioma of accessory supra-renal in the kidney cortex.

Two specimens of renal calculi with pyonephrosis. Mr. R. J. Swan.

Granular kidney, occurring twelve years after scarlet fever. Mr. Milsom.

Carcinoma in a cirrhotic liver. Mr. Ticehurst.

Specimens of anchylosed knee and excised hip. Mr. A. R. Thompson.

Carcinoma of gall bladder. Mr. Barker.

Messrs. Bent, May, Stevenson, N. I. Spriggs, Nicholson, Brydone, and the exhibitors took part in the discussions on the specimens. Thirty-four members were present. The Society adjourned at ten o'clock.

The tenth meeting of the session was held on February 25th, in the College, Mr. J. S. Cooper being in the Chair. Mr. F. W. Morton Palmer read a paper on "The Superstitions of Medicine," which was listened to by the Society with much interest and enjoyment. The paper dealt exhaustively with the origin, use and geographical distribution of a number of ancient superstitions, including Touching for the King's evil, charms, practices of midwives, cures for warts, rheumatism and shingles, and many other curious customs.

The chairman congratulated Mr. Palmer on his paper and referred to the prevalence of such superstitions in the Borough at the present day, and mentioned the supposed therapeutic efficacy of water into which red hot cinders had been dropped. Mr. R. G. Anderson said that in India the whiskers of a slain tiger, worn as a ring, are believed to prevent death from tigers. Mr. Barker and Mr. Watts referred to the supposed medicinal virtues of the whiskers of the leopard and the tiger. Mr. Stebbing spoke of the "selling" of warts, and of the favour which raw beef and vinegar and brown paper enjoy as surgical applications. Messrs. Parker, Nicholson and Barrionuevo also took part in the discussion.

The next meeting of the Session will be held on Saturday, March 11th, in the College Smoking Room. Dr. G. Newton Pitt will take the chair, and a discussion on the Treatment of Phthisis will be opened with papers by Messrs. Cooper, Mollison, and Goss.

## Change of Address.

Mr. C. H. Fagge, M.S., F.R.C.S., 6, Cavendish Place, Cavendish Square, W.; also at 22, St. Thomas's Street, S.E.

Dr. Percy H. Ward, from Capetown to Murraysburg, Cape Colony.

Dr. John Young, from 45, Stamford Hill, N., to 94, Stamford Hill, N.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

### NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Thrombosis and Embolism as Complications of Surgical Operations.

A paper read before the Physical Society on January 28th, 1905, by Mr. R. G. Anderson.

Mr. President and Gentlemen,—In the choice of Post-operative Thrombosis and Embolism as a subject for my paper before you to-night, I have been influenced chiefly by the fact, that these are complications not uncommon in surgical procedure, and are of so grave a significance when they do occur, that they demand careful attention and investigation. In spite of this fact, I think I am justified in saying that but little space is devoted to their consideration in general surgical literature, and in consequence the gravity and importance of such conditions are perhaps liable to be underrated by those whose knowledge of them is based on a theoretical rather than an actual clinical experience.

When one realises the comparative frequency of these vascular sequelæ, especially after pelvic and abdominal operations—the great risk incurred by any person suffering from recent thrombosis, whose life is for many weeks imperilled, the responsibilities of the surgeon, who, by lax regime, may bring to a sudden and fatal termination the career of his patient from secondary pulmonary embolism—and the value of prompt and effective treatment in such cases of emergency, and of guarded prognosis and lengthy convalescence in every instance, it will, I am sure, be recognised that the subject is one of considerable interest, especially from the standpoint of causation, prevention and treatment.

For the completion of these notes I have collected together 66 cases in all; 33 of thrombosis, 28 of embolism and 5 of concurrent embolism and thrombosis, drawn from the following four main sources:—

*Firstly.*—From the surgical reports, dating from 1890 to 1904, and from 1880 to 1884 inclusive—with an interval of five years between the two periods. During these twenty years only 19 cases are recorded: 7 of thrombosis and 12 of embolism, though I have no doubt many others existed. In harking back to such remote times my object was to discover, if possible, their relative frequency in aseptic and preaseptic days. It is, however, impossible to come to any definite conclusion on this score, since the number of operations—more especially of abdominal operations—twenty-five years ago, as compared with the present time, was insignificant, the cases admitted fewer, and the written information scarcely complete enough to draw statistics from. It may be of interest, however, to state that 2 cases are recorded from 1880 to 1884, none at all from 1890 to 1896, and 17 from 1897 to 1904 inclusive.

*Secondly.*—From the obstetric surgical reports of 1900 to 1904, which yield the large number of 13, eleven of these I include, 4 of thrombosis, and 7 of embolism. It is a remarkable fact that of our total 66 cases no fewer than 32, or almost 50 per cent., are of gynæocological origin, chiefly following hysterectomies and ovariotomies.

*Thirdly.*—Instances occurring in Bright ward during the past five years (for particulars of which I am greatly indebted to the kindness of a late R.M.O., Dr. J. Brydone, and the sister of the ward), there are 27, mostly complicating gynæocological and general abdominal sections, several following appendectomies, undertaken during quiescence, a comparatively frequent sequel indeed to this operation.

*Fourthly and lastly.*—Those from miscellaneous sources, 8 in all, gathered from private information and from surgical literature (several being recorded in the writings of Messrs. P. S. Mummery, C. Lockyer, C. H. Usher, and T. R. Turner).

Before proceeding further let me explain that this paper being of very limited scope and the subject dealt with of extensive range, I must of necessity confine my remarks almost entirely to the two main varieties of thrombosis and embolism, namely:—

1. *Thrombosis of the pelvic and crural veins.*—Of infinitely more common occurrence than any other post-operative coagulation (35 out of 38 cases coming under this category).

2. *Embolism of the pulmonary artery.*—Which is, as one would naturally suppose, the almost invariable sequel to dislodgment of clot elsewhere in the venous system (29 of the 33 embolic cases are of this variety).

Now these 66 records, which are here arranged in analytical form (see appendix) constitute an excellent series on which to speculate and make deduction from the numerous points of similarity and difference existing amongst them. This I shall endeavour to do, laying fact and probability before you, whilst conclusions I leave entirely to your own discrimination.

With such an object in view, I have here reported in detail two cases, which I now propose to read to you. The one of simple crural thrombosis, the other of sudden pulmonary embolism, examples of each variety above mentioned which mainly constitute our somewhat lengthy analysis, only referring to this latter at times briefly, and from a statistical standpoint:—

*The first.*—A case of simple crural thrombosis following operation.

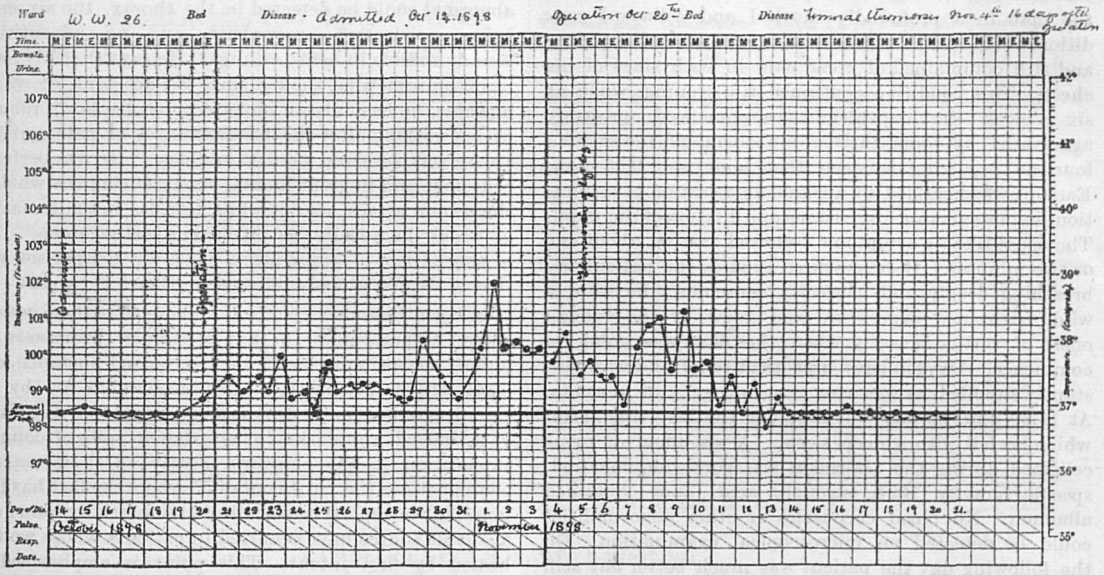
W. W., aged 26, admitted October 12th, 1898. Patient's family history is unimportant, he has had no severe illness prior to admission. In appearance he looks older than his years warrant, being completely bald and having all the teeth in his upper, and nearly all in his lower jaw missing; this he attributed to sweet-eating. His breath is foul, bowels regular, urine normal. At present he is suffering from a double inguinal hernia, reducible, and of recent manifestation. The patient was operated on under A.C.E. on October 20th, 1898, a double radical cure being performed. On the second, and again on the third day after the operation, he was dressed on account of a persistent rise of

temperature (101°) and the wound found to be perfectly healthy. In twelve days the stitches were removed, the incision on both sides having healed by primary union, the same evening, however, his temperature rose to 102°. (Having been consistently pyrexial since the operation), and four days later, the sixteenth after the radical cure, he complained that his bandages were too tight and cut into his groin on the right side. At the same time it was discovered that his left leg was swollen, hot, red and very tender to the touch. This swelling gradually increased and the temperature still remained high. All bandages were removed and a sealed dressing appplied. Six days after its first appearance the œdema and hyperæmia of the leg began to diminish, and with it the pyrexia subsided. The patient was kept in bed for ten days and then allowed up on a couch. A fortnight later all symptoms had disappeared, and he was taking active exercise, being discharged eventually, having completely recovered. On examining this patient's temperature chart it will be seen that the pyrexia commenced on the day of the operation, and lasted continuously for over three weeks, preceding the thrombosis by fifteen days and persisting for seven more after its appearance.

performed under a local anæsthetic a few days after admission, a solution of 10 per cent. cocaine and adrenalin being injected at the site of incision. The hydrocele was then opened, cocainised, swabbed out with pure carbolic, sewn up and drained. The patient made very satisfactory progress. There was some slight discharge from the wound due to the use of pure carbolic. Three or four days after the operation he developed a considerable patch of eczematous dermatitis round the genitals, which persisted for several weeks. His temperature remained perfectly normal for a fortnight following the operation, when it suddenly rose to 101° and continued pyrexial for nine days. Throughout this period the pulse rate was below the average, and the respirations not increased in frequency. Some general malaise and loss of appetite resulted at the same time, but no sign of any pelvic or femoral thrombosis.

*Pulmonary embolism* occurred on April 25th at 7.30 a.m., seventeen days after operation, and three after the first rise of temperature. Patient had just awakened, and sat up in bed with the remark that he was feeling better, when he suddenly gave a loud cry and threw himself back in a convulsive manner. His

CHART I.




CASE OF CRURAL THROMBOSIS.

*The second case* is one of pulmonary embolism with no sign of preceding thrombosis.

F. W., æt. 23, a soldier and actor, admitted April 5th, 1904. Patient is a well-developed, healthy man, with a record of no previous illness. Nine years ago he was circumcised and had a varicocele excised on the left side. At present he is suffering from a hydrocele of the left tunica vaginalis, which followed on the previous operation; it is tender and painful. A radical operation was

face was extremely anguished and deeply cyanosed, as was also the rest of his body, being of a peculiar blue, slate colour. He was restless and violent, throwing himself about in bed, and shrieking as though in agonising pain. On examination, he appeared to be in a state of strong tetanic convulsion. His teeth were clenched, the muscles of his face worked incessantly, his eyes deviated upwards and were tremulous, the pupils widely dilated with the reflexes still present. Patient was orthopnœic

and dyspnœic, his respirations being rapid, deep, and stertorous (40–50 per minute). No respiratory sounds could be heard on account of his constant phonation. His pulse was almost imperceptible, extremely rapid and flickering. The cardiac impulse was diffused weakly over a wide area, being noticeable along both sides of the sternum, and also in the fourth, fifth, and sixth intercostal spaces, on a level with but external to the left nipple. He was apparently in a semi-conscious condition, at intervals relapsing into convulsive seizures, and was so violent at times that he required the use of straps. The right-sided cardiac distension being extreme, both median basilic veins were at once incised and the patient bled to ʒxvi. This relieved his symptoms considerably and with great rapidity, the cyanosis becoming less pronounced though it did not entirely disappear for three days after the attack. The blood drawn from the cut veins was almost black, thick, viscid, and flowed very sluggishly. Later, when the congestion had somewhat subsided, half a pint of saline was infused into the axilla. Oxygen and strong cardiac stimulants; strychnine and digitalis; ether, and brandy; with hot bottles; flannels to the precordia; a coffee enema; and morphia gr. ¼, to ease his unbearable pain, were also employed. The first attack lasted three-quarters of an hour and left the man in a profoundly shocked and collapsed condition. He had a vague idea of what was happening and still complained of great pain in both sides of his chest. This condition continued till evening, when at six o'clock the convulsions recommenced, probably aggravated by some further embolism, no fewer than fourteen occurring between that hour and 9.15 p.m. Each fit was heralded by a complete cessation of respiration, increased cyanosis, trismus and dilation of the pupil. The usual tetanic symptoms followed lasting about one or two minutes. Between these seizures the patient lay breathing deeply and perfectly conscious; he wore a wild, frightened expression, and knew by the sudden onset of vertigo exactly when the next was going to commence. Oxygen gave him great relief and was constantly supplied, as was also a second gr. ¼ of morphia. At 11.30 p.m. he was convulsed for the last time, after which he fell into a deep sleep. A specimen of urine collected during the afternoon was port-wine coloured, specific gravity 1024, strongly acid, and contained albumen. No blood corpuscles or other abnormalities could be detected on microscopical examination. On the following day the patient was much better but still cyanosed; he slept at intervals throughout the next twenty-four hours. The cardiac sounds, though of feeble and irregular rhythm, were normal, and the impulse was no longer displaced or diffuse. The respiratory murmur was faint and some scattered râles and patches of tubular breathing were audible at both bases in front, lasting for three or four days only; examination of the chest behind was of course unjustifiable. There was no impairment of resonance, nor did any hæmoptysis or active sign of pneumonia develop later.

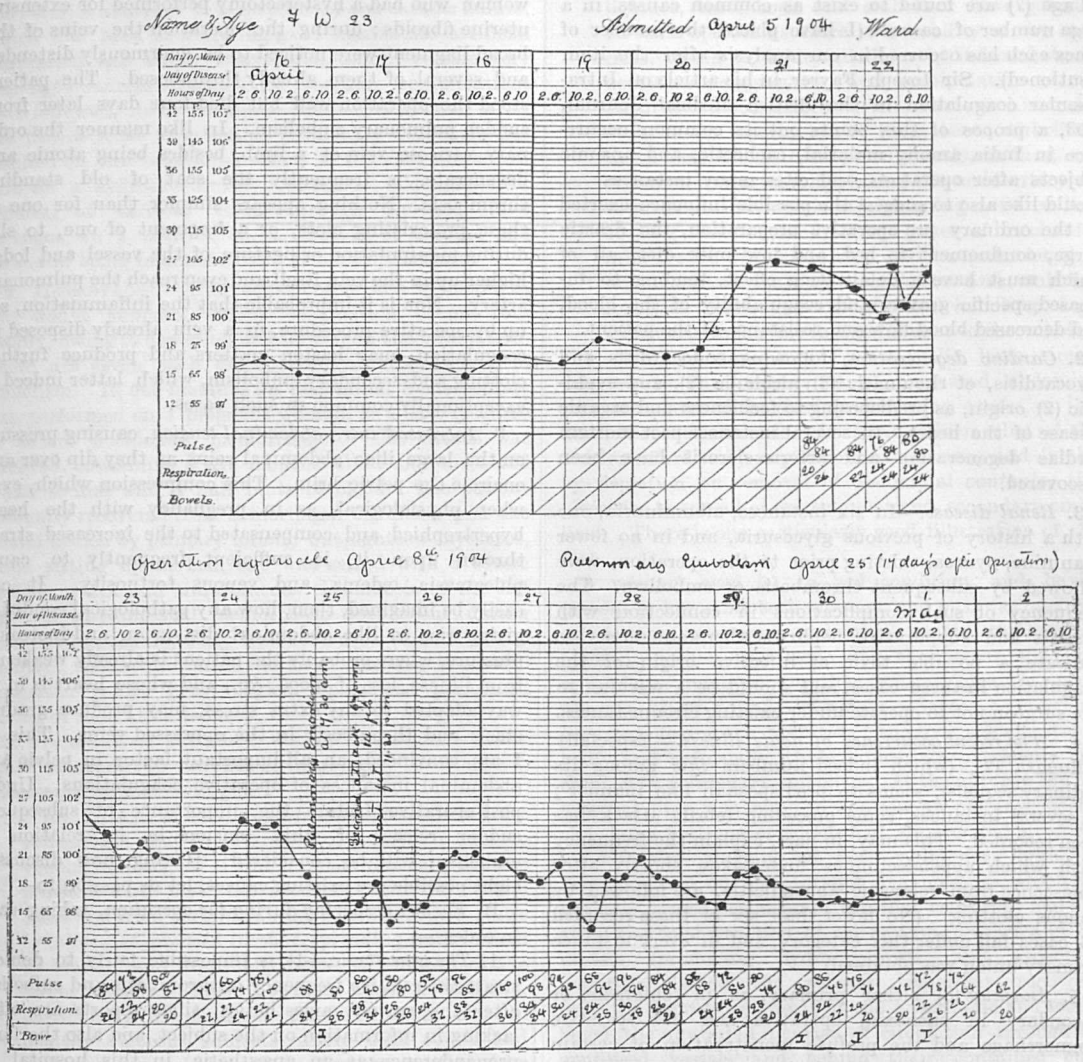
Two days after the embolism a peculiar scarlatiniform rash made its appearance on the patient's arms, neck, and chest, only lasting forty-eight hours. Several of the injections used, during the emergency, subsequently caused sloughing of the skin and subcutaneous abscesses (I presume from its poor vitality at the time) which retarded the convalescence to some extent. Patient's temperature, which had been subnormal, remained slightly pyrexial for four days following the event, after which it fell to normal and remained so till his discharge.

*The after-treatment* consisted in absolute and complete rest for a fortnight without moving hand or foot. Gradual increase of diet, which at first was limited to fluids and nutrient enemata, with gradual diminution of stimulants. Subsequently slight movements were permitted, and after three weeks he was allowed up on a couch and then into a chair. At the end of four weeks he was walking, being discharged three days later, having quite recovered.

I saw this patient a short time ago, seven months after the embolism, he then appeared in excellent health and had put on weight considerably. He is at present employed as a clerk, and cycles and walks after office hours with no ill effect. On examination, nothing abnormal could be detected in the thorax, the air entry being satisfactory everywhere, and no adventitious sounds audible in heart or lung. He says that his nerve has been somewhat shaken since the accident, of which, however, he has only an imperfect recollection, remembering nothing after the primary onset of pain until he awoke very sore and tired at mid-day. He was perfectly conscious and in great mental agony during the whole of the second attack, except while the fits actually lasted, of which he recalls the precurrent vertigo alone. Here is the patient's temperature chart for comparison with that of W. W. already referred to (Chart II., p. 99).

In both these cases you will observe that there was no active suppuration. In that of simple thrombosis the union was primary, and in the second instance only some slight discharge, easily accounted for by the chemical irritation of carbolic acid applied to living tissue. It is, indeed, a remarkable fact, that in spite of common supposition to the contrary, nearly all these vascular complications (*i.e.*, in 45 out of 55 where the fact has been noted in the report) cases collected impartially from every available source have occurred in patients whose wounds healed by first intent. This point is emphasized by Mr. Cuthbert Lockyer in his paper on the complications of ovariotomy. After mentioning cases of his own, and others recorded by Mr. Cripps, in which no indication of sepsis could be found, he says, "I can afford no adequate explanation of such an accident." It is this class of case which I consider of paramount interest. In past times, when suppuration was the rule rather than the exception, I have looked in vain for instances of embolism and thrombosis. In following out recent records where open suppuration has occurred in previously aseptic wounds, there are almost no instances. And lastly, in our own

## CHART II.




CASE OF PULMONARY EMBOLISM.

"septic wards" where one would expect to find numerous examples, such complications are practically unknown.

What are then the causes of thrombosis and embolism supervening post-operatively, more especially where primary union has already been obtained, and where no evidences of septic infection exist?

Considering thrombosis first (since embolism is entirely a secondary result of thrombosis) it will be found on investigation that many cases possess points of similarity in their history which suggest an allied causation.

These may be grouped together under three headings.

A. Factors existing before operation.

B. Factors occurring during operation.

C. Factors following on operation.

A. *In the first instance.*—As regards the pre-existing causes. It will be found that many factors which predispose to medical thrombosis (If I may use the term in contradistinction to the surgical variety), also exert an influence surgically. Thus:—

1. *Cachetic and toxic conditions* following on advanced carcinoma (5); starvation, constipation (10); diarrhœa (3); general malnutrition (17); and advanced old age (7) are found to exist as common causes in a large number of cases. (I have placed the number of times each has occurred in our analysis after the item mentioned). Sir Joseph Fayrer, in his article on Intravascular coagulation in the British Medical Journal, 1893, a propos of this points out its common occurrence in India among malarial, cachectic, and anæmic subjects after operation, and cites many instances. I should like also to suggest the possible influence exerted by the ordinary pre-operative preparation, the drastic purge, confinement to bed, and low milk diet, all of which must have a debilitating effect, tending to increased specific gravity and coagulability of the blood, and decreased blood flow and resistance of the patient.

2. *Cardiac degeneration*, following endocarditis and myocarditis, of rheumatic (3), alcoholic (2), and syphilitic (2) origin, as predisposing to feebleness and organic disease of the heart. In several instances post-mortem cardiac degeneration and arteriosclerosis have been discovered.

3. *Renal disease.*—In six instances, albuminuria, one with a history of previous glycosuria, and in no fewer than nine, pyurea, existing prior to the operation, were followed by subsequent thrombosis or embolism. The frequency of such complications in connection with cystitis and suppurative nephritis therefore seems to indicate a possible toxic or infective origin of the coagulation in these cases, and should be a warning to the surgeon not to operate under existing circumstances.

4. *The recent occurrence of acute illness.*—Especially influenza (2), (which indeed numbers *this* among its ordinary sequels), seems to predispose in like manner; in several instances, some preceding febrile attack has been recorded. This may, in part, explain the frequency with which appendectomies undertaken shortly after quiescence from relapsing appendicitis, are followed by venous clotting. (No fewer than six of these recorded 66 cases fall under this category, and in every instance primary union was obtained).

5. *Anæmias* (8) either primary, as in chlorosis, or secondary in cachexia, operative and post-operative hæmorrhage and the profuse menstruation of certain uterine diseases (7) are most important factors, especially in gynæcology, and in which, as already mentioned, thrombosis and embolism following operation is alarmingly frequent; the occurrence of white leg after parturition is perhaps of similar origin.

6. *Alimentary derangements*, especially constipation (10), dyspepsia (4), and diarrhœa (2), so often in association with intestinal, appendicular and uterine trouble appear to be potent factors.

7. *Venous degeneration.*—Under this heading one must endeavour to explain the numerous cases of thrombosis and embolism supervening after operation for the excision of varicose veins, and in dealing with large pelvic growths, where the surrounding vessels are dilated and engorged from continued pressure. An instance of this was strikingly displayed in the case of a woman who had a hysterectomy performed for extensive uterine fibroids; during the operation the veins of the broad liagment were noticed to be enormously distended and several of them already thrombosed. The patient stood the operation well but died four days later from sudden pulmonary embolism. In like manner the ordinary varicose vein of a limb, besides being atonic and degenerate, is frequently the seat of old standing thrombosis. Nothing appears simpler than for one of these pre-existing clots, or a fragment of one, to slip during manipulation or ligature of the vessel and lodge higher up in the vein itself and even reach the pulmonary artery. Nor is it improbable that the inflammation, set up by operative procedure, in a vein already disposed to coagulation, may hasten matters and produce further clotting and secondary embolism, which latter indeed is exceptionally common in such cases.

8. *Increased intra-abdominal tension*, causing pressure on the large iliac abdominal veins as they dip over and encircle the pelvic brim. This compression which, even when physiological, as in pregnancy with the heart hypertrophied and compensated to the increased strain thrown upon it, is sufficient frequently to cause phlegmasia, œdema, and venous tortuosity. It can easily be imagined, then, how any pathological condition giving rise to like abdominal distension and increased pressure, where probably the patient is already weakened from illness, loss of blood, &c., and whose heart is in no way adapted to any extra stress, may produce gradual stasis and thrombosis in the oppressed veins. This is, I am convinced, an all-important factor in pelvic and abdominal instances of operative coagulations. Under post-operative factors the importance of subsequent sudden release of this tension in its relation to embolism will be considered. Having now discussed eight possible pre-existing causes, let us pass on to—

B. *Factors occurring during the operation*, taking each in order:—

1. *The anæsthetic.*—It is impossible fairly to demonstrate the relative frequency of thrombosis and embolism after the various anæsthetics, since reports are often lacking in information on the subject, and also the large proponderence as an anæsthetic, in this hospital, of A.C.E. (itself a mixture) over its constituent lethal drugs, makes it difficult to judge their separate and uncombined effects. It seems probable, however, that ether, owing to its cardio-stimulating qualities, would be less dangerous in this respect than either A.C.E. or chloroform. I am myself inclined to think this is indeed the case, since in a certain instance where ethyl chloride and ether alone were administered exclusively throughout a period of six months by an anæsthetist in every major operation, unless some contra-indication, such as infancy, advanced age, or lung trouble existed, no such complication arose, and on enquiry amongst others, this testimony seems to be fully substantiated. In our 66 recorded

cases, however, there are 2 examples of coagulation following the use of ether alone, 4 after chloroform, 14 after A.C.E. The rest are unrecorded. In two instances anæsthetics attended with respiratory and cardiac failure, which had been so alarming as to necessitate artificial respiration and strong stimulation, and in certain very prolonged administrations (5) vascular complications have followed, no doubt due to circulatory stasis. After the use of local anæsthetics pulmonary embolism has resulted on two occasions. Once in the case of radical cure for a hydrocele already referred to, and again after removal of varicose veins, through multiple small incisions, in a man of 35, a solution of cocaine and adrenalin being injected locally at both operations.

2. *Hæmorrhage.*—After considerable loss of blood, as one would suppose, venous coagulation occurs very readily, owing to depletion and slowing of the circulation. There are seven such cases among my records, four of embolism. In one instance an abdominal hysterectomy was performed on a pregnant woman, as a last resource in severe accidental hæmorrhage. The uterus was removed, containing a five months' child and three and a half to four and a half pints of blood. The patient gradually recovered from a moribund condition and the wound healed by primary union; but eighteen days later, while sitting up in bed, she was seized with a severe embolic attack and simultaneous thrombosis of the left leg. If any unusual hæmorrhage does occur during operative procedure, early transfusion or copious saline enemata should minimise the risk. On this head also Lotheisen vetoes gynæcological operations performed during or soon after delivery.

3. *Traumatism*, sustained during operation.—Under which category two varieties of injury may be discussed, *microscopic* and *macroscopic*.

(*a*) First as to *microscopic traumatism.*—It is quite conceivable that in severance of numerous minute venous radicals, all of which must eventually become plugged with clot, the process might in certain cases and from certain causes, whether septic, static or otherwise, proceed further, spreading from branch to branch, and eventually cause thrombosis of the larger vessels. This, however, appears unlikely, particularly in cases of primary union, and in healthy vigorous subjects, where both sepsis and cachexias are excluded; and is further questioned by the common occurrence of a clot in the left iliac or femoral veins after the usual appendectomy incision in the right hypochondrium. No fewer than four of our six recorded appendectomies undertaken during quiescence, all of which healed by first intent, developed this left-sided thrombosis. And again, in another case, left femoral clotting followed on wiring a fractured right patella in a man of 60, uncomplicated by any infective process.

(*b*) *Macroscopic Traumatism.*—Here one has to deal with gross lesions of the vessels in proximity to their main branches, and consequently the explanation is more obvious. In several instances where a large pelvic vein has been tied close to its junction with another vessel, and in one case where the external iliac itself was accidentally included in a ligature, thrombosis and embolism have resulted. In renal operations there is a liability to the same risks, owing to injury to the vein inflicted during necessary dragging on, and manipulation of, the organ in its inaccessible position. Three such instances occur in our reports, two of them acute embolisms. Gross mechanical damage to vessels, as in a case of cuneiform osteotomy, where the main artery and vein were bruised while straightening a flexed limb of long standing, and in two cases of mechanical interference with empyemic cavities (mentioned by Mr. Jacobson) vascular coagulation and embolism resulted. Prolonged exposure and handling of gut seems also to dispose in like manner to thrombosis.

4. *Relief of Abdominal Tension.*—We have already referred to the importance of increased abdominal pressure as one of the chief predisposing causes of iliac and femoral thrombosis. It is the sudden relief of this tension afforded by any abdominal section, and further by depletion on removal of abdominal contents, that gives rise to spread of existing clot and secondary embolism. There is one particularly good illustration of this fact.

A woman, aged 50, in bad condition, and having present in her urine both albumen and pus, was operated on for an enormous abdominal pelvic tumour. A median incision was made and the uterus and both appendages removed together with a gigantic cystic fibroma, fifteen pounds in weight. Severe hæmorrhage occurred during the operation; she took the anæsthetic badly and eventually, three hours later, suddenly succumbed to pulmonary embolism. At the autopsy the left external iliac was found to contain an old unsuspected clot, large portions of which had slipped and given rise to extensive plugging of both pulmonary branches. Here, no doubt, on release of such great pressure, which had not only caused occlusion of the iliac veins, but had also given rise to obstruction of the rectum, urethra and the ureters (producing hydronephrosis and ascending nephritis), when the patient somewhat recovered from the depressing effects of the anæsthetic and loss of blood, the unwonted increase of circulation through the oppressed vessels and behind their contained clot, together with the simultaneous diminution in the venous resistance, had been sufficient to detach and drive on the clot towards the heart and lung with disastrous consequences.

Another case in point is recorded when merely an exploratory incision was made, with some escape of ascitic fluid resulting, and the wound sewn up. The patient died shortly afterwards with all the signs of pulmonary obstruction.

Dr. Cuthbert Lockyer discusses a similar instance when a simple abdominal incision was followed by fatal results in five days.

(*To be continued*).

# Old Foes with the same Face.

## THE STAFF DEBATING SOCIETY.

[The following is a short report of the first meeting of the Staff Debating Society which was held the other day. We believe there was a fair attendance of members and we are told that a number of students were admitted to give tone to the proceedings. Our reporter, however, was refused admission and had to draw largely on his imagination for his account of it].

Mr. R. P. Rowlands, who took the chair, said, that in order to forestall the Clubs' Union Debaters they had chosen for their subject the following question, "Is it advisable to always speak the truth?" He anticipated an instructive evening.

Mr. Steward opened the debate by stating that it was always right to speak the truth. He generally did so himself and had seen no ill effects from it. He was very dogmatic in his opinions and spoke at some length, and by the time he had finished most of the late comers had taken their seats.

Dr. Beddard, in rising to oppose, said he was sorry he did not know what Mr. Steward had been talking about, but he had not heard him as he was naturally inattentive. He thought, however, that Mr. Steward said something about the truth. He said either that people should speak the truth or else they should not; he didn't gather which, but it was immaterial. But in any case he wished to oppose him. He strongly disagreed with everything that Mr. Steward had said, and felt sure that every other sensible person present would disagree as heartily as he did. What Mr. Steward said he considered was all tommy rot, in fact, he had got hold of the wrong end of the stick.

Dr. Taylor then rose and said that he held very strong opinions on the subject, which he would put before them very plainly in a few words. But he would like first of all to remark that he did not understand Dr. Beddard's allusion to a stick. The word stick meant to cleave to or to adhere to something, and he had never heard it used in quite the sense that Dr. Beddard used it, nor had he come across it in any of his clerks' reports, where queer words and phrases "most do congregate." The word stick as a substantive was derived from the Anglo-Saxon sticca, and might be defined as a piece of wood that is long compared with its cross section. Next as regards the truth. There was firstly a scientific truth consisting of the conformity of truth to things. Secondly, a moral truth consisting of the correspondence of words with thoughts, and thirdly, a logical truth consisting in the coherency or self-consistency of the thoughts themselves. In its etymological sense (here he was interrupted by the chairman, who informed him he had exceeded his time limit).

Dr. Bryant (who had been steadily taking notes in a large book) said that he quite agreed with Dr. Taylor and he would certainly vote for —as Dr. Taylor suggested.

Dr. French, who hurried in at this moment carrying a pile of papers, two large volumes, and a sphygmograph, apologised for his late appearance and started talking very quickly. He said that though he did not trouble himself much, as a rule, with subjects unconnected with his work, yet he thought that in this case he held views very similar to those of the last two speakers. Personally he considered that there was something slightly improper about the truth. The reason for this was perhaps the fact that Truth was generally depicted as an extremely indelicate lady who lived at the bottom of a well. She was always gazing into a mirror, too, in which he felt quite sure she could see nothing, as the noxious vapours in the water must have long ago obscured it, added to which the amount of carbon dioxide in the water would prevent any artificial illumin— "ation," cried a ward clerk, and Dr. French sat down.

Mr. Lane, in a very clever and humorous speech, spoke of the dangers which lay in wait for the truthful person. He was strongly against it. He felt that he was right, but hoped no other speaker would agree with him, for then he would know that he was wrong.

Mr. R. Thompson then rose amidst loud cheers. Striking a defiant attitude, he gazed

scornfully round t e room, and began with a Shakespearean quotation. He said—

"I am no orator, as Beddard is,
But as you know me all, a plain blunt man."

(Hear! Hear! came from Dr. Eyre and cheers from *everybody*.) All his life, said the speaker, he had remembered a copy-book maxim, which said "Please all men with the truth." He had endeavoured to live up to it, but strangely enough he did not succeed in pleasing all men. (Dr. Eyre again said Hear! Hear! and Mr. Thompson refused to continue until the disturber was ejected. His removal having been effected by the janitor, the speaker resumed.) He believed in the truth. It might annoy, disgust or insult people, but what did it matter if it were the truth. Some foolish people thought the truth objectionable. He did not mind being objectionable, and would be objectionable if he chose (renewed cheering). In spite of the truth, was he not Resident Surgical Officer? (As no one rose to contradict this assertion, he resumed his seat.)

The silence that here followed remained unbroken till the chairman called on Mr. Philip Turner to "say a few words." Mr. Turner begged to be excused, protesting that it was a subject on which he was entirely ignorant. The chairman remarked that this was the most novel and original excuse for keeping silent that he had ever heard, and one which would never be accepted by the Clubs' Union debaters. However, he would call on Mr. Hicks. This brought forth a burst of indignation from Mr. Hicks, who said that he had been addressing the meeting for the last ten minutes. Unfortunately he had not been heard.

Mr. Golding-Bird said he would like to ask an old question which had never been satisfactorily answered. It was "What is Truth." As no one volunteered a reply it was decided that the question should be set at the next Conjoint Examination, as this was one of the best ways of getting reliable information cheaply. The meeting was therefore adjourned without a division being taken in order to wait for the candidates' answers.

[We have lately learnt that some of the Staff mentioned were not present on this occasion, and so did not speak. Had they spoken, however, they would probably have said something to the same effect as above, and so it comes to the same thing.] T.

# Dental News.

## A Case of Persistent Haemorrhage following attempted extraction.

A. T., male, æt. 23, presented himself at the Front Surgery at 11.30 p.m., on Tuesday, January 11th, bleeding from the region of the left upper lateral incisor. Patient stated that he had been to an outside practitioner, and had had that tooth extracted on the previous Tuesday, but the bleeding not stopping, he consulted a medical practitioner, who sent him to this Institution. He was treated at the front surgery, and then sent away, being told to attend Dental Out-patients the following day, which he did, but as the wound appeared to be well plugged, and there were no signs of hæmorrhage, nothing was done. The patient's mouth and teeth were absolutely black, evidently indicating that Liq. Ferri. Perchlor. had been employed. The following day, Thursday, patient again presented himself at the front surgery, bleeding having recurred, and was admitted as an in-patient in Astley-Cooper ward. Bleeding, however, still persisted, and on Saturday request was made for the Dental Department to treat the case. On examination it was found that the tooth had not been extracted at all, but the crown was broken off just below the gum margin, the forceps evidently having slipped and ripped the soft tissue of the palate, from which blood was steadily oozing. A plug of Stent's composition was moulded to the palate and anterior teeth, a pad of lint saturated with adrenalin chloride (from capsules) was applied to the lesion, the Stent plug placed in position, and pressed home by forcibly closing the jaws, a four-tail bandage being employed to prevent diminution of the pressure. On Monday, 17th, the plug was removed, the lint, which was adherent and unstained, being left in position, the patient, however, a few minutes afterwards dislodged this with his tongue, and bleeding occurred very slightly; in half-an-hour it had entirely ceased, and patient was discharged 13 days after the attempted extraction. When seen two days later the wound was healing well.

Patient stated that his grandfather died from hæmorrhage, and also his brother æt. 12, after an operation in the throat. Patient had bled copiously after a previous tooth extraction. The case is interesting as it is most unusual to come across a male hæmophile so old as 23 years, and it also demonstrates the value of fresh adrenalin chloride as a styptic.

The "Handy Man" is to be well looked after in the matter of his teeth, the Admiralty requires the services of "three" Dental Surgeons for duty in the United Kingdom. We trust that the successful applicants will not rust away for want of work.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Guy's Hospital Reports.* Vol. lix. Edited by J. H. Bryant, M.D., and F. J. Steward, M.S.

The editors are to be congratulated on this new volume of the Reports, which is quite up to the standard of recent years, though we should have liked to see the names of more members of the Staff among the list of contributors.

The two principal papers are by W. H. Bowen and Owen Richards. Mr. Bowen writes on Traumatic Subdural Hæmorrhage, and has collected seventy-two cases from various sources, of each of which an abstract is given. The paper is perhaps a trifle longer than the importance of the subject justified, though it is true that the ordinary text-books contain but little about it. Mr. Richards writes on Growths of the Kidney and Adrenals, and has succeeded in collecting everything that is known on the subject at the present time, to which an appendix of seventy cases collected from the Guy's Hospital clinical and post-mortem reports adds interest. Two excellent coloured plates are given, in which the artist has presented the colours very faithfully, and the Bibliography which is given is most extensive. He points out the connection which often exists between an injury and malignant kidney, and divides all the tumours into two classes clinically—according to whether they run a rapid or prolonged course. Exploration, the writer says, should be adopted more frequently than it is, and no hæmaturia should be left unaccounted for; care being taken to examine the kidney as well as palpate its surface, for the white colour of a growth often betrays it to the eye.

Dr. Fawcett has collected eighteen cases of Coarctation—or Stenosis—of the Aorta from the post-mortem reports, which he discusses and compares. With Dr. Eyre, Dr. Fawcett records the first case of Malta Fever in which Micrococcus Melitensis has been observed to produce pus—an Hepatic and Subdiaphragmatic abscess having caused the man's death.

A case of Severe Hæmocytolysis is described by G. T. Wrench and Dr. Bryant, in which an anæmia first supposed to be due to an injury in the neighbourhood of the spleen, was finally explained by the quarterly gas bill of the patient's father. The size of this bill led to an escape of gas being discovered under the patient's bed, continued absorption having led to toxæmia.

A paper by A. R. Thompson gives the after-history, as far as it could be obtained, in forty cases of Excision of the Hip. He discusses the prognosis with regard to their subsequent wage-earning powers, and records his experience that flail joints are far less common after this operation than is usually supposed.

Dr. Thomas Holmes describes the effects of injecting various substances into rabbits. The results of many subsequent blood counts are given in tabular and diagrammatic form, though the conclusions seem rather scanty.

Mr. Sichel describes the results of a year's work in the Hospital Actinotherapeutic Department, illustrating his remarks with several "Before and After" photographs.

*X-rays, their employment in Cancer and other diseases.* By Richard J. Cowen, pp. xii. and 129 (Henry J. Glaisher). 2s. 6d. net.

This new addition to the already long list of books on the subject of X-rays adds but little to our knowledge thereon, in fact we think in some respects its teaching is distinctly misleading.

Epithelioma is described and several cases of *absolute cure* reported by means of X-rays, which are described as having "an almost specific curative action" on this disease. The surgeon—our author says—should never operate till X-rays have been given a thorough trial, and, if he does, on no account should he remove the infected glands—"Nature's barriers against the infection of the whole organism"! Such statements—in our present state of knowledge—can only be described as mischievous.

No mention is made of rodent ulcer, unless a casual reference to "skin cancer" conveys the writer's ideas on that subject; but a case is recorded in which the application of high frequency currents to the feet caused the disappearance of a patch of lupus on the *ear!*

Rectal carcinoma, we are told, has been cured and remained free from recurrence six months afterwards, while in two cases of carcinoma mammæ the rays caused the "resolution of the tumour into fibrous tissue." There is no index, and much harm will be done if the book is read at all widely by the laity, as those afflicted by carcinoma in any form will be tempted thereby to postpone still longer any visit to the surgeon.

*Landmarks and Surface Markings of the Human Body.* By Louis B. Rawling, M.B., B.C., F.R.C.S., pp. viii. and 76. (H. K. Lewis). 5s. nett.

Every student when reading surgery—and to a less degree anatomy—makes for himself a list of surface markings and lengths of various organs of the body, as, though set out in various text-books, they are scattered about in different chapters, some in Cunningham, some in Treves' Surgical Anatomy. In this work, however, we have all these figures and markings collected together in a most excellent manner, and moreover illustrated by twenty-four capital plates.

These plates are an especial feature of the book and are as good photographs as we have ever seen in a book. Marked out on the skin and then photographed the lines stand out most boldly, and the mistake has been avoided of trying to illustrate too many viscera in one picture, so that we have no unnecessary crowding of the lines. It would perhaps have been better if the cranial topography had been marked out on the head instead of on a skull.

Some good charts of the abdomen are given and the author introduces—perhaps unnecessarily—some new planes of division; the mid-Poupart disappears in favour of a plane midway between the median plane and the anterior superior spine of the ilium, and a trans-pyloric plane is described.

An appendix of the length of various passages, tubes, etc., is given, such as the examiner in Surgical Anatomy delights in, though we are surprised to see the distance from teeth to end of œsophagus omitted. A good index ends a work which fills a gap in medical text-books and will prove most welcome to all students.

# Sport.

## FOOTBALL FIXTURES.

Saturday, March 4th.

G.H.R.F.C., II., v. Old Whitgiftians, away.
III., v. Blackheath School, away.
G.H.A.F.C., I., v. Weybridge, away.
II., v. Central Technical College, home.

Monday, March 6th.

Inter-Hospital Cup Tie (Rugby), Guy's v. St. Thomas's, at Richmond.

Wednesday, March 8th.

Inter-Hospital Cup Tie (Rugby), Final, at Richmond.

Saturday, March 11th.

G.H.R.F.C., III., v. Wasps III., away.
G.H.A.F.C. I., v. Westminster School, away.
II., v. Alleyns II., away.

# Rugby Football.

## GUY'S v. CHARING CROSS.

The above teams met at Richmond on Thursday, February 23rd, in the second round of the Inter-Hospital Competition. The encounter failed to excite any great enthusiasm, as it was generally recognised that Guy's would win fairly comfortably. The weather conditions left much to be desired, a cold wind, accompanied by a drizzling rain, rendering matters anything but comfortable for the spectator. Guy's won the toss, and Charing Cross started the game against the wind. Play quickly settled down in our opponents' quarters, and during the first five minutes they were obliged to touch down on three occasions. From a line-out Payne broke away, and, swerving past the full-back, scored under the posts. McEvedy converted, and a few minutes later a combined movement by the backs enabled Alcock to score in the corner, but Stringer's kick struck the upright. Guy's continued to have matters all their own way, and tries were scored by Stringer (2), Pinching and McEvedy, three of which McEvedy converted. Just before half-time Payne injured his knee and was unable to take any further part in the game. At half-time Guy's were leading by 26 points to nil.

The second half was a repetition of the first. Although playing against the wind, Guy's held the upper hand throughout. During this half, the forwards indulged in wheeling and brought off some very fine dribbles. Tries were scored by Stringer (2), Digby (2), Alcock, Pinching and Saunders. Stringer converted two, one being a magnificent kick against the wind from the touch line. Guy's thus won a very one-sided game by 51 points to nil.

REMARKS.—The heeling and packing of the forwards was very ragged, the ball scarcely ever coming out clean to the halves. The dribbling and loose foot-work was good. J. P. Jones at half played splendidly, and Stringer in the three-quarter line gives promise of developing into a very fine player.

## GUY'S v. HARLEQUINS.

This match was played on Saturday, February 11th, at Wandsworth, the afternoon being rainy, with a cold wind blowing across the ground. The Harlequins had a strong team of forwards, as usual, but could not make the most of their chances, as the show of their outsides was of the poorest. Play started at half-way, and it was soon evident that our forwards were no match for those of our opponents, being easily rushed on several occasions. Jones showed up conspicuously throughout the game, getting the ball whenever the opportunity offered, and feeding his three-quarters well. One cannot help feeling, however, that his place is three-quarter, and that he would be still more valuable there. He was also well to the front in stopping the frequent rushes of the Harlequin forwards when they got away with the ball, which was by no means seldom. Payne was full of dash and energy, and seemed quite at home on the field, in spite of his long absence from footer. Unfortunately he got laid out during the game, and has since had to be warded in Astley Cooper for his knee.

The form of our three-quarters was, with one exception good, and some of their bouts of passing were very pretty indeed, the ball travelling right across the field without any waiting, McEvedy being specially skilful in avoiding his *vis a vis*. Orpen was by no means up to the mark, his play giving the impression of lacking any go or dash, and his attempts at stopping a rush were very half-hearted. Husbands was quite good, as though he did not have much tackling to do, he handled the ball neatly and found touch well away from him time after time. The poorest part of the game was, undoubtedly, the performance of our forwards, which must, we hope, have been due to the fact that they were not up to their full strength. As a scrum they were very passable, but poor indeed when once outside.

They were slow in getting up to the line out, and it was only in the last few minutes of the game that they showed any inclination to take the ball along with their

feet. Among them, young Alcock and Jones showed up best, one or two of the heavier men being apparently passengers in the scrum. One fact about the game was noticeable, and that was the bad tackling. Very few members of the team showed any inclination to go low, and until they make up their minds to do this, we are bound to have unnecessary points scored against us. The result was, that Guy's only won by 18 points to 17. Team :—

F. Husbands (back); L. B. Stringer, L. J. J. Orpen, P. F. McEvedy, F. Alcock (three-quarters); O. V. Payne, J. P. Jones (halves); S. McK. Saunders, W. G. Pinching, W. E. Williams, H. Archer, A. Alcock, C. E. M. Jones, W. H. Robinson, M. E. Ball (forwards).

GUY'S v. OLD ALLEYNIANS.

Played at Honor Oak on February 25th, before a good attendance. The Old Alleynians kicked off, and at once attacked. Good kicking by Husbands and Alcock transferred play to their twenty-five, where a chance of scoring was spoiled by a bad pass by Digby. Long kicking forced the Alleynians to touch down twice, and then, after good work by the forwards, Louisson obtained the ball, and after a good run by McEvedy and Stringer, the latter scored, but the try was not converted. After some equal play in midfield, Louisson took a long kick, and McEvedy, following up well, scored between the posts, and easily converted. The Alleynians now, as the result of good following up and keen tackling, attacked strongly, and after a good bout of passing scored an unconverted try shortly before half-time.

The second half opened with a strong attack by Guy's, and in rapid succession tries were scored by McEvedy and Stringer, in each case the result of good individual runs, the former kicking a goal from his own try. Shortly after, Alcock also scored after a good bout of passing, and C. E. M. Jones kicked a goal from a very difficult angle. Weak tackling by the Guy's centre three-quarters let the Alleynians into our twenty-five, but Husbands saved well. Good play by the forwards, in which Pinching, Mullins and Archer were prominent, took play to the half-way line, where Stringer obtained the ball, and after a great run in which he evaded and outpaced several opponents, scored a try between the posts, which McEvedy converted. The Alleynians played up well, but just before time Orpen was collared on the line, and from the ensuing scrum, Louisson scored; McEvedy again kicking a goal. Guy's thus won by 4 goals, 3 tries to 1 try. Team :—

Guy's.—F. Husbands (back); F. Alcock, L. J. Orpen, P. F. McEvedy, L. Stringer (three-quarter backs); M. G. Louisson, W. S. Digby (half-backs); S. M. Saunders, W. G. Pinching, A. Alcock, H. Mullins, H. Archer, E. Ward, C. E. M. Jones, W. H. Robinson (forwards).

GUY'S III. v. U. C. S. OLD BOYS III.

This match, played at Isleworth, on Saturday, Feb. 11th, ended in a win for Guy's by 2 goals 3 tries (19 points) to nil. The following scored, Wright (2), Whelon, D. Stout and Cockrem. Adams converted two of the tries. U. C. S. played 18 men. Team :—

G. E. Lacey (back); H. F. Wight, L. T. Baker, E. A. Penny, M. M. Adams (three-quarters); C. E. Whelon and P. Perkins (halves); L. Milton, E. L. Elliott, E. P. Minett, G. B. Cockrem, G. A. Blake, D. Stout, R. Stout, and S. Wilson (forwards).

GUY'S III. v. PARK HOUSE "B."

This match played at Catford on Saturday, February 25th, ended in a draw, each side scoring 1 goal (5 points). D. Stout scored for the Hospital, and Adams converted. Lacey played a good game at back. Team :—

Guy's.—G. E. Lacey (back); H. F. Wight, F. C. Endean, M. M. Adams, E. A. Penny (three-quarter backs); L. T. Baker, S. Perkins (half-backs); E. L. Elliott, W. S. Kidd, D. Stout, G. A. Blake, G. B. Cockrem, S. Wilson, J. L. Atkinson, P. R. Stout (forwards).

## Association Football.

GUY'S v. NORMANDHURST DRUIDS.

Played at Honor Oak on February 11th, and resulted in an easy victory for Guy's by 7 goals to nil. We had nearly all the game in the first half and scored five times through Barnett (3), Wearing (1) and Aubrey (1). After change of ends the game continued to be one-sided, and Barnett and Aubrey adding further goals we won by 7—0. Barnett was very prominent among the forwards. Team:

C. A. Wood (goal); A. J. Jones and A. R. Wilson (backs); P. Pedrick, A. F. Denning, J. Goss (halves); E. Wragg, D. Wilts, D. J. Wearing, E. Barnett, and H. P. Aubrey (forwards).

## United Hospitals Hare and Hounds.

INTER-HOSPITAL CUP RACE.

The race for the Inter-Hospital Cross Country Cup took place over the 10 miles course at Blackheath (by the kind permission of the Blackheath Harriers), on February 15th, and furnished a record number of starters, the number of which would have been further increased had not St. Thomas's been unable, at the last moment, to get their men together. As it was four hospitals competed, supplying 22 men. Bart.'s were expected to repeat last year's win, but the Royal Dental and Guy's (who gave the holders such a close race last year) were expected to be somewhere near at the finish. Guy's, however, gave a display which, although not disgraceful, was very disappointing. The first half-dozen men to finish obtained the lead early, and had got into their respective positions by half-way, but Snowdon made up a lot of ground in the

later stages, as did also Townrow, who ran a very plucky race under somewhat dispiriting circumstances, and finished first for Guy's. For us Adams showed very good form at first, and he led the Guy's men for some way, but lack of training told, and he eventually finished behind Watson and Stone, both of whom really ran fairly well, but our opponents were too good for us. Carr was in difficulties from the start, and cracked up at four miles; however, he and Beckton (who had injured his ankle) trotted round after the others and finished the course. The only other Guy's man running was Freer, who did quite well enough for a first race. Unfortunately it was found after the race that Birt (R. Dental) had inadvertently cut off a small part of the course, and though this could not have had any effect on his position, the judges had no option but to disqualify him. The Committee have, however, decided to award him a special medal, the scratch medals falling to Candler, Dawson and May, and those for the handicap to Rainey, J. Linnell and Townrow, the team medals (kindly presented by Dr. Munro) being carried off by the three scoring men of the winning team (Candler, May and Snowdon).

We are much indebted to the following gentlemen who officiated and helped to make the race a success:—

Judges: H. A. Munro, Esq., M.B., B.Ch. (U.H.H.&H.) and G. F. Mackarness, Esq. (St. Thomas's).

Timekeeper: John Ogilvie, Esq. (S.L.H.).

Trail-layers: Tom Crafter, Esq. (B.H.), and P. Morgan Esq. (B.H.).

| | | | Time. | Hndcp. | Hndcp. Time. | Pos in Hndcp |
|---|---|---|---|---|---|---|
| — | G. C. Birt ... | R. Dental | 60 9 | scr. | 60 9 | — |
| 1 | A. L. Candler... | St. Bart.'s | 60 56 | scr. | 60 56 | 5 |
| 2 | G. Dawson ... | R. Dental | 61 54 | scr. | 61 54 | 7 |
| 3 | H. W. M. May | St. Bart.'s | 63 13 | 0 20 | 62 53 | 8 |
| 4 | R. McC. Linnell | London ... | 64 53 | 0 15 | 64 38 | 11 |
| 5 | J. W. Linnell... | London ... | 66 53 | 8 30 | 58 23 | 2 |
| 6 | A. R. Snowdon | St. Bart.'s | 66 54 | 4 0 | 62 54 | 9 |
| 7 | V. Townrow ... | Guy's ... | 67 36 | 8 0 | 59 36 | 3 |
| 8 | W. V. Field ... | London ... | 67 56 | 3 40 | 64 16 | 10 |
| 9 | W. H. Watson | Guy's ... | 69 8 | 4 30 | 64 38 | 11 |
| 10 | E. R. Stone ... | Guy's ... | 69 41 | 9 15 | 60 26 | 4 |
| 11 | E. H. Rainey... | London ... | 70 13 | 18 0 | 52 13 | 1 |
| 12 | S. B. Newton... | R. Dental | 70 57 | 4 0 | 66 57 | 16 |
| 13 | M. M. Adams... | Guy's ... | 73 16 | 11 30 | 61 46 | 6 |
| 14 | H. L. Morgan... | London ... | 74 53 | 9 30 | 65 23 | 13 |
| 15 | — Bahr ... ... | London ... | 76 19 | 10 0 | 66 19 | 14 |
| 16 | H. B. Waller ... | London ... | 76 39 | 10 0 | 66 39 | 17 |
| 17 | C. C. Freer ... | Guy's ... | 77 10 | 10 0 | 67 10 | 17 |
| 18 | J. Methven ... | London ... | 80 2 | 7 30 | 72 32 | 18 |
| 19 | T. M. Peake ... | London ... | 80 7 | 6 0 | 74 7 | 19 |
| 20 | T. E. A. Carr... | Guy's ... | 84 54 | 7 0 | 77 54 | 21 |
| | J. Beckton ... | St. Bart.'s | 84 54 | 8 0 | 76 54 | 20 |

| | | | | |
|---|---|---|---|---|
| St. Bart.'s ... | 1, | 3, | 6 = | 10 |
| London ... ... | 4, | 5, | 8 = | 17 |
| Guy's ... ... | 7, | 9, | 10 = | 26 |
| Royal Dental ... | 2, | 12, | — | — |

# Hockey.

## CUP TIE SEMI-FINAL.

### GUY'S v. 1ST ARMY CORPS.

This match, played at Aldershot on Saturday, February 11th, resulted in a decisive victory for the Hospital by 9 goals to 2. The ground was in splendid condition, and the game was both fast and interesting. After twelve minutes, Wells opened the scoring, and Dryland, Ticehurst (2), and Wells added further points before half-time.

After the interval, the Army Corps were the first to score through their centre, and Davies replied with a brilliant, if lucky, shot. The Army Corps then scored again by the same player, who, though badly supported, played a splendid individual game throughout. Wells and Dryland then scored, and Ticehurst put on a final goal with a very good shot. The Hospital forwards showed greatly improved combination, and should shake down into a really good line, but the insides must practise hard shot passing, and shooting from a pass, as there were several good openings completely spoilt by indifferent shooting. Ticehurst shot well. Leckie was, as usual, the best half on the field and Langdale showed great improvement.

Knight was very safe, and hit with far greater freedom and confidence than he has shown of late. Moyle in goal still takes a hyper-active view of his duties, and shows remarkable pace. The passing of the wing halves showed vast improvement. Team:—

GUY'S.—H. H. Moyle (goal); H. S. Knight, W. J. B. Dicks (backs); H. M. Langdale, M. Leckie, F. Parker (halves); L. G. Davies, C. B. Ticehurst, S. M. Wells, G. W. Dryland, F. Morres (forwards).

On Wednesday, February 8th, the United Hospitals drew a very fast game of two goals all with Oxfordshire, the former not being nearly at full strength. Guy's were well represented by Wells and Davies, who both scored, Leckie, Archer and Dryland. Archer proved a very difficult man to pass.

### GUY'S v. ST. BART.'S.

Guy's entered upon this contest at Richmond, on Monday, February 27th, at a considerable disadvantage. In the forward line Wells and Dryland, owing to comparatively severe injuries, started with one sound leg apiece, a condition which the ready methods of the opposing defence did nothing to relieve; indeed, in the closing stages they were reduced to one between them, and Ticehurst also became unilaterally damaged. Also, owing to an accident, Archer turned up ten minutes after play began in his Monday clothes. Guy's started up wind, and immediately encountered a heavy storm of rain; this did much towards transferring play into our territory, and after an indescribable melée in front of the goal Bart.'s got through. Before very long and after some quiet good combined work Davies equalised with an

admirable shot. From this point to half-time play was fairly even, though Guy's seemed to do rather more attacking. In the first few minutes of the second half Bart.'s pressed and forced three consecutive corners, but after this the ball was seldom in the Guy's "25."

Considering the pressure which was kept up on the Bart.'s goal in the last twenty minutes it seemed likely that we should score, but owing to their various hurts the inside forwards could never muster sufficient pace to put the finishing touches to the excellent feeding of the halves, and the game ended without further score. The whole Guy's team performed creditably, and if the damaged forwards can be kept on back splints and a milk diet for a week, we may hope for better things next time. All honour to the solitary male supporter from this Hospital, who was a footer man. From the proportions of the spectators one is forced to the somewhat humiliating conclusion that Bart.'s men are, as compared with those of this Hospital,

(i) Twenty-nine times as numerous,
(ii) Twenty-nine times as keen, or
(iii) Twenty-nine times less studious.

Perish the thought.

Team :—H. H. Moyle (goal), H. S. Knight, H. Archer, H. M. Langdale, M. Leckie, F. Parker, L. J. Davies, C. B. Ticehurst, S. M. Wells, G. W. Dryland, F. Morres.

GUY'S v. MALDEN.

An interesting game played on the Guy's ground at Kidbrooke resulted in the sixth consecutive win for the Hospital, by 6 goals to 3.

At one time in the first half the score stood at 3–1 against Guy's, but before half-time Davies shot his second goal, and in the latter portion of the game the visitors broke up very much, and Ticehurst got through four times, after some very fair combination among the inside forwards. Throughout the game play was inclined to be more vigorous than scientific, though it improved in the second half.

In the absence of Wells, through injury inflicted in the front surgery, Davies played centre with considerable success. Ticehurst has steadily improved throughout the season, and was very good. His shooting was excellent. Morres was extremely vigorous, and showed good form at times. Clarke showed great improvement. Dryland was injured in the first five minutes, and was compelled to be comparatively sedentary throughout the game. Leckie was good, though not so good as usual at first. Parker also improved during the game; his feet have grown. Langdale has improved immensely, especially in his passing. Dicks did one or two good things, but was weak at times; he must try to clear harder and sooner; he seemed to concentrate all his vigour into one hit—which surprised the outside right. Knight and Moyle were both excellent. Both the wing men showed great improvement in timing and placing their "centres."

H. H. Moyle (goal), H. S. Knight, W. J. B. Dicks, H. M. Langdale, M. Leckie, F. Parker, H. J. Clarke, C. B. Ticehurst, L. G. Davies, G. W. Dryland, F. Morres.

# Calendar.

March, 1905.

Sat. 4.—Messrs. Lucas and Lane's take-in; Drs., I. Valerio and A. Shepperd; Cl., W. T. P. Meade King.

Mon. 6.—Exam. for Arthur Durham Dissection Prizes.

Wed. 8.—April Appointment List closed.
Application to Medical School Office for Schedules for 1st and 2nd Conjoint Exams. to be made not later than this date.

Thur. 23.—Messrs. Golding-Bird and Dunn's take-in; Drs., W. H. Trethowan and A. W. Berry; Cl., F. W. M. Palmer.

Fri. 10.—First Test Exam. in Dental Mechanics for 1st Professional Exam. for L.D.S. Eng.

Wed. 15.—Exams. for Junior Prizes for General Proficiency for the Michael Harris and for the Wooldridge Memorial Prize begins.

Thur. 16.—Mr. Jacobson and Sir Alfred Fripp's take-in; Drs., G. Wacher and A. S. B. Bankart; Cl., E. W. Sheaf.

Fri. 17.—Application to Medical School Office for Schedules for Final Conjoint Exam. to be made not later than this date.
School Exam. in Experimental Physiology begins.
Meeting of the Dental Society at 4.30 p.m.

# Appointments.

## Civil.

Burghard, F. F., M.D., M.S. Lond., F.R.C.S. Eng., has been appointed Consulting Surgeon to the Bromley Cottage Hospital.

Burton-Brown, F. H., M.D. Oxon., has been appointed Clinical Assistant to the Chelsea Hospital for Women.

Ward, Percy H., L.R.C.P. Lond., M.R.C.S., has been appointed District Surgeon of Murraysburg, Cape Colony.

At a meeting of the Council of the Royal College of Surgeons, on February 9th, Mr. Jacobson was re-elected a member of the Court of Examiners.

## Naval and Military.

Staff-Surgeon L. Bidwell, R.N., and Staff-Surgeon W. J. Bearblock, R.N., are promoted to the rank of Fleet Surgeons in His Majesty's Navy.

Surgeon J. H. Jones, R.N., is appointed to the *Pyramus*.

Captain R. E. G. Phillips, R.A.M.C., from the Seconded List to be Captain, Lieutenant R. G. Anderson, R.A.M.C., from the Seconded List to be Lieutenant.

## Death.

Roose.—On February 12th, E. C. Robson Roose, M.D., LL.D., F.R.C.P. Edin., of Hill Street, Berkeley Square, in his 57th year.

Eds.—R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

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## A Call From Home.

ONCE again, but it is only for the fourth time in one hundred and eighty years, the Hospital of Thomas Guy asks, from those like-minded to him, for the balance of means requisite to maintain in completeness the famous Charity established and supported from his endowment alone between the years 1724 and 1883. In another column we have the privilege of giving first publication to the text of an Appeal, which will be more publicly issued on Monday next, and a letter from the Treasurer in its recommendation. The two statements should convey a perfectly clear impression to all who read them, and will certainly be appreciated, and their conclusions endorsed, by the community we address. One hundred thousand pounds, the balance of the cost of the admirable works whose development and completion we have watched since the year 1897, with interest and applause, is required immediately, because that sum represents debt. This done, ordinary everyday income must be increased by fifteen thousand pounds per annum, either through more annual subscriptions, donations or increments to the Re-endowment Fund. All of which being accomplished, the survivors of those who set their hands to the plough in 1895 may well rejoice at the result of their labours.

The Appeal is destined to succeed. Whatever their faults or shortcomings, it is not the habit of the English people to pass by on the other side when their brethren are in physical distress. The virtue of compassion and the desire to succour are common from Long Lane, Bermondsey, to Park Lane, Hyde Park; from the Bank of England to Buckingham Palace. And when with this elemental fact are combined the grand traditions of Guy's Hospital, its vast ministrations and commanding claims as an Institution, old yet modern, vigorous and efficient, applying to-day for the relief and cure of human suffering those great stores of knowledge and experience —the product of the genius of the place, the case is complete, and unless the order of nature be reversed, the need of the Hospital will be filled.

But although the end be sure, the way is hard and may be long. London is a big place, and the thing which is not made extremely prominent usually fails to arouse public imagination on the required scale. The fame of Guy's has gone out into all lands, but few Londoners have ever seen the Hospital, or could even find their way here unassisted. To overcome the disadvantage of position, from a financial standpoint,

the Hospital needs missionaries, and happily it has some four thousand potential missionaries at hand in its Governors and Staff, Students and Nurses, past and present, and Members of the Ladies' Association. As the result of a few months' work in the Re-endowment Appeal of 1896, the collections of Guy's men, amounting to twenty-six thousand five hundred pounds, headed the list of contributions which was presented to His Majesty the King. A general and sustained endeavour on the part of every individual in the various sections we have indicated would almost certainly result in the speedy completion of The Million Shilling Fund. We give these illustrations as an encouragement to whole-souled activity on the part of our own people, and we are convinced that the present effort to strengthen the financial resources of the Hospital will have the glad support of everyone whose privilege it has been to learn or to labour within its sheltering walls.

## Letter from the Treasurer.

To the Editor of "Guy's Hospital Gazette."

Sir,—I shall be grateful for the publication in your valuable columns of the enclosed Appeal from the great Hospital of which I am Treasurer, and for leave to add a few words to commend it to your readers.

In the first place, it should be understood that this is not a fresh demand, but an appeal for the balance of the funds sought to be raised in 1901. This balance, while of comparatively small amount, is one upon which the well-being and stability of the Institution depend.

It may be remembered that in 1901 Guy's Hospital appealed for £180,000 to cover the cost of renovations, buildings and equipments which had become indispensable to the efficiency of this old Institution and necessary to the re-opening of closed wards encouraged by King Edward's Hospital Fund for London. The works have been carried out, but only part of the money has been forthcoming, and we need at once £100,000 with which to discharge pressing liabilities.

Secondly, Guy's at that date appealed, and now repeats the appeal, for an increase in its regular income. The cost of maintenance—since all the wards are opened and more than 600 beds available for patients—is not at any time likely to be less than £62,000 per annum, to which must be added a moderate estimate of £4,000 per annum for extraordinary expenditure. Towards the total of £66,000 per annum, the Hospital possesses an income, more or less assured, of some £51,000 per annum. This includes income from Endowments, from King Edward's Hospital Fund for London, the Hospital Saturday and Sunday Funds, and from Annual Subscribers. For the balance of £15,000 per annum the Hospital is at the mercy of chance support, and of late the deficit has had to be met by way of loans.

Such a position cannot be regarded as satisfactory. The pride which all should feel in the possession of this splendid heritage of eighteenth-century philanthropy might well be expected to produce a supply sufficient for every need. But, historical sentiment apart, the Governors are content for the case to be judged on the vast service to humanity which Guy's Hospital is rendering to-day. In 1904 its In-patients numbered 8,581, and no less than 136,872 sufferers, most of whom came from the poorest parts of South London, were treated in the Out-patient departments. The need of these poor people is genuine, it is increasing year by year and it must be met. The Hospital is ever ready and willing to do the work if kind hearts will provide the means.

And I cannot doubt that they will, remembering as I do, with deep gratitude, the noble support which Guy's Hospital has received since the year 1895, when the Governors put their hands to the heavy double task of bringing this Institution abreast of modern requirements, and of repairing the disaster which had overtaken its endowments.

Let me, in conclusion, make quite clear two things of special significance at the present time. Guy's Hospital restricts its ministrations to fit recipients, and every penny entrusted to us for the relief of the sick poor goes to their direct benefit.—I am, your obedient servant,

H. COSMO O. BONSOR,
Treasurer.

Guy's Hospital,
London Bridge, S.E.,
25th March, 1905.

## Text of the Hospital Appeal, 1905.

In making this Appeal, the Governors feel that a short statement will suffice for its recommendation. The present petition for aid is in substance a re-publication of the appeal of 1901, the response to which was inadequate. As a consequence, the Hospital is now in debt to the extent of £84,000 on loans which call for immediate repayment, and fresh debt must accrue unless the regular ordinary income of the Hospital be speedily raised to the level of ordinary expenditure.

The debt referred to represents the balance of the cost of those indispensable works of building and renovation commenced in 1897 and now practically completed, whereby Guy's Hospital has become possessed of an equipment second to none. This will at once be perceived from a recital of the nature of the works themselves. They consist of—

The Henriette Raphael Nurses' Home, possessing complete accommodation for 227 persons.

A New Laundry, capable of dealing with upwards of 40,000 articles per week.

A Central Station, for the supply and distribution of Light, Heat, Water and Power throughout the Hospital Buildings.

An extension of the Casualty Department.

Open-air Balconies to all the Medical and Surgical Wards.

An Emergency Ward for Special Casualty Cases.

Additional Operating Rooms. Light Treatment Installation. Reconstruction of Drainage.

These works will suffice to maintain Guy's Hospital in the forefront of efficiency far beyond the time of the present generation, and extraordinary expenditure can now be reduced within very narrow limits, save and except that should sufficient funds be forthcoming over and above those now asked for, the Governors would be glad to undertake a rearrangement and enlargement of the Out-patient Departments, and the reconstruction of the old building which contains the Clinical Wards.

But while the discharge of existing encumbrances must be the first matter for effort, yet, when this has been accomplished, there will still remain the absolute necessity for increasing ordinary income sufficiently to the requirements of ordinary expenditure. Unless this be done, the full resources of the Hospital, now restored to being after a decade of strenuous endeavour, must again be curtailed, to great public loss and the immediate deprivation of thousands of the sick and suffering poor. Ordinary expenditure on the full establishment now existing cannot, it is calculated, well be less than £62,000 per annum. To this may be added, say, a sum of £4,000 per annum for special works connected with the keeping of the fabric in structural repair, giving a total annual expenditure of £66,000. Towards this the income of the Hospital at the present time, from all known sources, is only some £51,000 per annum, and it will be generally agreed that a deficit of £15,000 per annum is much too serious a matter to be left to chance donations or legacies. For the provision of this additional income the Governors have no course open to them but to make a direct appeal to the public, as, despite the handsome assistance rendered to Guy's Hospital by King Edward's Hospital Fund for London, it should be understood that for seven-eighths of its annual financial requirements this Hospital is dependent upon its own endowments or upon the generosity of individuals.

The Foundation of Thomas Guy might, with reason, base its claim to succour upon historic grounds alone, but the Governors are willing and desirous that the case should be judged upon the vastness, growth and quality of its work and the economy of its administration. A simple but sound test of the first of these considerations is that of numbers: the 4,963 In-patients treated at Guy's Hospital in the year 1885 had risen to 6,335 in 1894 and to 8,581 in 1904; Out-patients, during the same two decades, increased from 31,407 to 136,872. Figures so striking as these carry their own emphasis.

The economy with which the Hospital is administered is less easy of illustration, but the Governors have the direct authority of King Edward's Hospital Fund for London to state that the Council of the Fund, after inspection of the Hospital by visitors appointed by the Fund, have marked their approval of the efficient and economical administration of Guy's Hospital by the grant made to the Hospital last year. The Governors feel that the Fund deserves the grateful appreciation of those concerned for the independent sanction which its knowledge and authority give to the just claims of the metropolitan Hospitals.

Nothing further in support of this Appeal need be urged, if only the broad aspect of the cause of Guy's Hospital be borne in mind, if it be recognised that the existence and prosperity of this great Institution are material in high degree to the health and well-being of the nation—of its wealthier no less than its poorer citizens. Founded nearly two centuries ago by a humane, far-sighted and generous man, to serve the sick poor of London, particularly those dwelling south of the Thames, it continues to be, when the surrounding population has grown a thousand-fold, the great local Hospital for the South Eastern District of the metropolis; but its ministrations are not in these days bounded by locality. Patients come to Southwark from every division of the Capital and from every part of England; year by year Guy's trains and sends out in large numbers the most highly qualified medical men and nurses for public and private service at home and abroad, and its contributions to the discovery, treatment and cure of disease are possessions of humanity. All these benefits are provided at comparatively trifling cost to the community, firstly, because the original endowment produces a substantial proportion of the outlay; secondly, because the services of the distinguished Medical and Surgical Staff of the Hospital and of hundreds of Members of the Medical School are obtained practically without fee or direct reward. So long, therefore, as the Hospitals of this country are supported on the voluntary principle, the Governors cherish the belief that the needs of their great trust have only to be stated fairly in order to receive that practical and generous recognition which is the just due of the noble Charity "founded at the sole costs and charges of Thomas Guy."

By order of the Finance Committee:—

REVELSTOKE, *Chairman.* E. A. HAMBRO.

FRANK DEBENHAM. WALTER CUNLIFFE.

C. H. GOSCHEN. C. W. FREMANTLE.

A. C. COLE. W. S. SETON-KARR.

JOSEPH C. DIMSDALE.

H. COSMO O. BONSOR,

March, 1905. *Treasurer.*

# ONE MILLION SHILLING FUND

IN AID OF THE

## HOSPITAL APPEAL, 1905.

By the institution of the above Fund the Authorities have provided a way for everyone to help in the present effort. The idea is to collect in comparatively small amounts an aggregate sum of £50,000, being one-half of the principal amount sought to be obtained. Official Cards to accompany remittances to the Fund will be issued, in the first instance to Old Guy's Men, Present Students, Past and Present Sisters and Nurses, and Members of Guy's Hospital Ladies' Association, for distribution among their friends. These cards will bear the name of the individual to whom issued and the results of his or her efforts will be announced from time to time in our columns.

The Gazette strongly recommends the Fund to the hearty support of the Guy's community and has pleasure in starting the Subscription List.

### Guy's Hospital Million Shilling Fund.

| Name. | Shillings. |
|---|---|
| GUY'S HOSPITAL GAZETTE ... ... | 1,000 |

## Passim.

Last week the Gazette's non-arrival at the appointed time must have puzzled many of our readers; in fact, there were not a few actually querulous complaints, which flattered us not a little. When we point to the mass and the purport of the extra literature that accompanies the present number, doubtless this seeming dilatoriness will appear more than justified. Political considerations, over which the Editors had no control and under which they chafed, compelled us to pospone publication until to-day.

By this time attention has been amply drawn to a detailed consideration of the Hospital's fresh appeal for funds, but at the risk of appearing prolix we would yet supplement what has been already said on the preceding pages. It is absolutely necessary for the success of this scheme that the men should interest themselves individually. In financial matters, with a few notorious exceptions, the medical is proverbially childlike, but there is nothing in this scheme which the veriest child could fail to understand, and if with this childishness in money matters the lucky man has retained his enthusiasm, then he should be a first-class agitator. Let us all combine to help this Shilling Fund by every means in our power. You cannot annoy anyone by pestering them for a mere shilling, and even in these days, when there are so many other demands made on even the slenderest purses, the smallness of the sum precludes the possibility of refusal. The Gazette has led the way with 1,000 shillings, thus giving a substantial start to the fund. An unarmed and opulent public awaits you—go forward therefore!

We should like to call the attention of everybody to a General Students' Meeting that is to be held next Tuesday, at 12 noon, in the Physiological Theatre. The subject of discussion is the Million Shilling Fund. A letter will be found in another column with reference to this meeting.

It has always been considered as axiomatic that Guy's men know how to behave themselves; contradictory phenomena have been sporadic and in the main trivial. Needless to say it is unpleasant to have to reconsider the axiom, but in the face of recent occurrences this introspective exercise has become necessary. By the kindness of the Nursing Staff, since the opening of the Swimming Bath we have been allowed to use the same on alternate week-days and alternate Sundays. A minority amongst us have ever since the opening of the bath ignored the fact that we were there on sufferance, have persistently tramped in mud, in spite of repeated requests that boots might be removed in the ante-room of the bath, and have from time to time had to be reminded that shouting in the bath made it impossible for the unfortunate night nurses, whose rooms were in the neighbourhood, to be sure of getting most necessary sleep. This was all bad enough and ought never to have occurred; but, seeing that these things were not wilfully done but only thoughtlessly, and seeing that they were in the nature of minor annoyances that would probably right themselves in time, the Nursing Staff contented itself with an occasional mild protest. If the positions had been reversed (if that were possible) protests would have been much more vigorous, and the preventive measures taken would doubtless have been drastic from the first.

A climax, however, has been reached, and this precious minority has surpassed itself. Recently some men have taken to climbing in at the windows and using the bath on other than the rightful days. It is quite unnecessary to label the man who can do this sort of thing. He labels himself. The only epithet is very short and most unsavoury.

We are requested to state that in future the bath will be open for the men on the 2nd and 4th Sundays in each month, whilst on the 1st, 3rd and 5th Sundays it will be closed to them, and also that should there be any further infringement of the existing rules, which, since they are unwritten should be all the more binding, the privilege hitherto extended to the men will be withdrawn entirely. A discussion of this sort is not pleasant and we shall not speak of it again, but that something forcible has to be said is obvious. We are sure that the great majority of the men who use the bath will wish us to apologise to the Nursing Staff that any of our number should have made this protest necessary.

We wish to express, in the name of all Guy's men, both past and present, the deepest sympathy with Mr. and Mrs. Jacobson in their recent bereavement.

The discreetly anonymous article on Hospitals published in the Grand Magazine and commented on by us in our last issue, has won the approbation of Mr. W. T. Stead, and what was stigmatised as an "abuse" in the first instance has in his facile hands grown to an "abomination." Mr. Stead never does things by halves; if he cannot be extreme he will hold his tongue, and since he rarely holds his tongue, whatever the subject, he is naturally always extreme. Thus, he speaks of "the existence of a state of habitual outrage upon the persons of poor women patients of our hospitals that calls for the immediate attention of the authorities," and goes on to suggest that "the Anti-Vivisection Society should pay some attention to this matter." Thus the "Review of Reviews!" To make these revolting charges against the medical profession is apparently as easy for Mr. Stead as to write dramatic criticisms on a few months' acquaintance with things theatrical. Are the authorities of the various hospitals taking any notice of these allegations?

The Rugby Cup is in the Smoking Room again; what a pity it ever left there! Mr. McEvedy is to be most heartily congratulated on this result, and the individual members of his team deserves the approbation of all Guy's men for their good work under a most excellent captain. It is an astonishing thing that, with our team weakened by the loss of O'Brien, Morgan and Harrison, and with the London's team practically identical with that of last year, we should have managed to pull it off successfully, and it speaks volumes for the pluck and training

of our fifteen that this should have been possible, much less achieved. It is a pleasure to read in the *Sportsman* that medical students at Inter-hospital fixtures make an ideally sportsmanlike crowd.

Fortunately, Mr. McEvedy is not the only *fidus Achates* of hospital sport. The recent success of Guy's at the Inter-hospital Boxing and Gymnastic Competition has been largely made possible by the exertions of Mr. E. P. Minett. On Friday, the 17th, at the German Gymnasium, we drew with our ancient foe, the London, in the matter of boxing, and on the preceding Tuesday an excellent assault-at-arms was witnessed in our own Pavy Gymnasium. It was a pity that there was not a larger attendance on this latter occasion. Perhaps the twelve "rascal counters" demanded at the door rather choked off those whose enthusiasm was only lukewarm. Was there any real reason for charging a shilling a head? It seemed rather a pity, and certainly militated against the popularity of the Assault.

We were very glad to see Dr. Allport with us again in the capacity of judge. He is one of the best of sportsmen and never fails to put in an appearance when there is fighting to be done. In fact, the older war horses were very much to the fore on this occasion. Mr. Higgens's Titanic conflict was a splendid exhibition. His opponent, an old light-weight champion, was anything but a chicken, and there was plenty of real hard-hitting, which must have inspired the juniors to do and dare to the uttermost. Mr. Higgens's condition put many of the younger men to shame; in fact, training had not been as carefully attended to as it should have been, for surely to be unable to lift your gloves in the last round points to want of training. We hope Mr. Higgens will be able to come down next year and show us once more how these things should be done.

There is a suspicious familiarity about the following, which we quote from the pages of the "Young Man," an excellent and tonic periodical. Is it possible that this guide of young fellows with his physiological æstheticism is a well-known surgeon? :—

> "The definite, deliberate and daily practice of deep breathing, nasal breathing, . . . . is really a very vitalising exercise, . . . . it has a potent mental influence as well. . . . The restless life of our time conduces to excitement, agitation, irritability, . . shallow semi-chest breathing, and thus to devitalisation. Deep breathing has a remarkably controlling influence on the emotions; it counteracts and controls this, and calms the whole being, so that is has a dual influence on health and life. . . . . And all the while you are breathing and meditating let the mind be kept in a receptive, responsive attitude, open—so to speak—to Divine impressions, influences, impulses, and intuitions, which, *mark you*, OBEY."

The italics are the "Young Man's." There is no mention of prognosis, which is rather an omission.

> "But the reader is mentally" (why not abdominally) "inquiring concerning modus operandi. Here it is: Either lie flat on your back and put your hands behind the head, or stand or sit erect with shoulders well back. Simply *slowly* inhale through the nostrils until both chest and stomach are fully expanded; then as slowly exhale until both are fully evacuated." (*Surely not both!*) "Repeat this from six to twelve times, twice daily, or as occasion may require."

Let us say t.d.s.; it is more homely. On maturer consideration, it cannot be a well-known surgeon who has written this.

"The Outlook," March 18th, reviews Sir Frederick Treves' book, "The Other Side of the Lantern," and remarks that the book, though possessing an index, is, as might be expected, without an appendix!

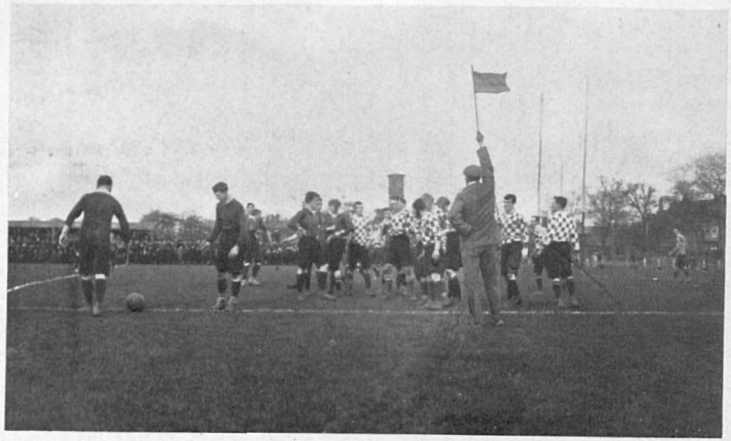
## Correspondence.

*To the Editor of* Guy's Hospital Gazette.

### A Students' Meeting in aid of the Appeal.

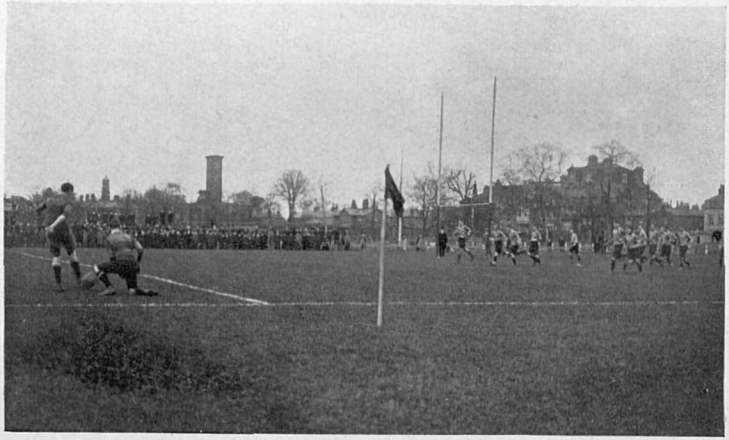
Dear Sir, — Ten years ago, when the Hospital appealed to the public for funds, a meeting of students was called and a resolution unanimously passed in support of the Appeal.

Following this example, it has been decided to call a meeting in connection with the "Million Shilling Fund" to consider a method by which students can assist this fund, especially by

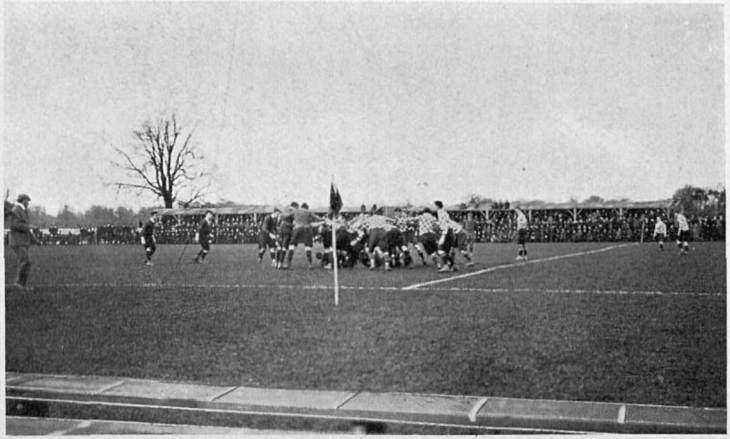


Touch-in the London "25."

A Long Line-out.



The Second Try.



An Opening on the Blind Side.

## Guy's v. London.—Final Cup Tie.

bringing the needs of the Hospital to the notice of their friends.

The meeting will be held at 12 noon on Tuesday next, in the Physiological Theatre, and it is hoped that every Guy's man who possibly can will be present.—Yours truly,

H. F. BELL WALKER,
President of Residents.

Guy's Hospital, S.E.
23rd March, 1905.

## De Profundis.

Sir,—On reading, in your latest issue, a review of the book "De Profundis," it appeared to me that the writer was rather harsh in his criticism; from the method of his writing it would seem that he had judged the book chiefly by its style, which, though necessarily excellent, is undoubtedly artificial.

He compares a man with a poet's mind with the famous diarist Pepys, who, though a most honest and amiable gentleman, was hardly in the same plane of thought as the author concerning whom I am now writing.

The thing necessary to decide upon is whether this artificiality is due

i. To excessive literary exactness;

ii. A system of elaborate self-deception; or

iii. As your correspondent seems to suggest, lack of thorough belief in the author's own expressed opinions.

There is, I believe, no doubt in the minds of all who read the book that a number of passages *do* betray an elaborate self-deception. One can at once pick out four or five passages which express beliefs absolutely contrary to those of many great writers (a few of whom the author has acknowledged as his masters and teachers), writers who have, like Wilde himself, been "immobile" before the world (Intro. viii.). These range from the "Philosopher of the Tub" to the art critic Ruskin, who, though in different ways, have endeavoured to view the world from without, remaining themselves fixed points.

It may be noted here that the author seems, later on, to contradict the statement of efficacy of "immobility," for on page 67 he says, "But Marius is little more than a spectator."

Those who have read "Marius the Epicurean" and also "Amiel's Journal (particularly in the original French*) will at once see that here is opportunity for much re-splitting of already split hairs.

In the major portion of the book the author has, in my opinion, undoubtedly (to use an expression popularized by Kipling) "found himself." He has expressed great truths—truths which, though perhaps many of us have had at the back of our heads, have not been uttered (at least, not in so convincing a form) either from lack of courage, conviction or opportunity—the reason matters not, the fact remains.

With regard to artificiality of style, Wilde was—if one may use such a phrase—"naturally artificial"; and it is a serious thing to pass judgment on such a trait, for the artificiality of yesterday is the common civilisation of to-day. The subject involves fundamental principles too numerous for a short paper to touch upon.

"The supreme vice is shallowness" (pp. 35-36) is the truth all essayists have tried to impress, but, so far as I know, not any have stated the fact baldly, boldly and firmly as this statement is made. One has noticed the phrases "know thyself" and the more recent (I believe attributable to Hazlitt) "the art of mankind is to study man," but these do not strike so forcible a note, to be heard distinctly by every and anyone who cares to listen.

Against this truth one may put the statement (p. 88), "To the artist . . . what is dumb is dead."

One cannot help feeling that to the true artist *nothing* is (taking the word in its broader sense) "dumb," everything has expression, in one form or another.

Lastly, may I draw attention to (pp. 46–48) the passage beginning, "I longed to die, it was my one desire," and ending, "I must learn to be cheerful and happy."

In the two cases I have noticed personally, and from the writings of men whose names carry weight (most well known is, perhaps, De Quincey), men whose statements are certainly not apocryphal. In all these instances the scenes in the (if I may call it so), "imitation," have been practically identical.

After a great sorrow, after what seems the breaking up of all their earthly hopes, comes the weak desire for death; this passes, and the mantle of gloom is eagerly put on and worn royally for a time, when, if the man is worthy the name, his mental eyes see further, and he says, "I must learn to be cheerful and happy."

It is this passage, more than any other, that shows proof of the author's mind having gained a balance not previously attained.

It really seems as though Wilde had grasped and put the highest and best construction on the words of one, Petronius Arbiter, who wrote—

"Ego sic semper et ubique vixi, ut ultimam quamque lucem, tamquam non redituram consumerem."—Believe me, yours truly,

E. LIBRIS VERMICULUS.

Sir,—My reference to "jesting Pilate" and his query was justified. It has not yet been answered to the mutual satisfaction of your correspondent and myself. A review, unless it be merely a collection of platitudes, must be to some extent an expression of personal opinion, and a careful perusal of "De Profundis" gave me the impression that it was more literary than truthful. I am glad that your correspondent thinks otherwise, for the book must of necessity have given him the greater pleasure.

THE WRITER OF THE ARTICLE.

* There is, I believe, a translation by Mrs. Humphrey Ward.

# The Diagnosis of Early Cancer of the Breast.

CLINICAL LECTURE BY MR. SYMONDS.

February 22nd, 1905.

GENTLEMEN,—Some years ago, perhaps some fourteen years — since which date one has learnt wisdom—I was asked to see, in consultation, a case of tumour of the right breast. It was hard, lying in the axillary quadrant, nodular in outline, and fixed in the breast. On pressing between the tumour and the nipple—always a good method of examination — the tumour moved outwards, and the nipple went with it. There were no glands in the axilla. The patient was 42 years of age, and the tumour seemed to lack but few of the characteristics of carcinoma of the breast. Accordingly, without further examination, it was removed, and the axilla cleared. Afterwards we turned the breast over, cut into the swelling, and evacuated a simple serous cyst. So this patient lost her breast and was subjected to a severe operation under the belief that she had cancer. That leads me ask the question, In what respects does a cyst of the breast resemble cancer? Superficial cysts, of course, should give rise to no difficulty, for you can feel them and get the sense of fluctuation. There was a case in Lydia ward a few weeks ago, seen by many of you, where the general opinion inclined to cancer of the breast. It certainly had many of the characters of cancer, and had been sent up as such; but I was able to convince a good many of those present, of the existence of fluctuation. On puncturing with a needle we withdrew an ounce of fluid, and the tumour disappeared. That a good many find difficulty in diagnosing these cysts from cancer, may be inferred from the fact, that one sees perhaps five or six cases a year, of cyst in the breast which are sent with the diagnosis of cancer, and it is no small pleasure, to send these patients home with the supposed tumour left behind. When does cancer of the breast most resemble a cyst? As I have said, when a cyst is near the surface there is no difficulty, but when it is on the chest wall, on the posterior aspect of the breast proper, with the breast tissue overlaying it, then difficulty arises. Suppose the cyst to lie an inch below the surface, with hard overlying breast tissue, then it may be impossible to obtain fluctuation.

This overlying breast tissue is often complicated by chronic mastitis, and often contains smaller cysts; hence it is hard and nodular, the whole swelling being only movable with the breast; the resemblance thus becomes very striking indeed. The only method of making certain, is to put in an exploring needle, and this should never be forgotten in any doubtful case. It would have saved the error of removing the breast, and is a precaution I never now omit.

You need to be very careful in examining these cases for fluctuation. It would not be possible to demonstrate the method without a patient, but in the ward I showed several of you how it should be done. Put your hands over the breast, and fix the tumour with your fingers, so that it cannot move, then bring the forefingers down upon the tumour. If you put them on one side of the tumour only, you may push it sideways, and thus receive a fallacious notion of fluctuation. If you examine properly, you can easily obtain fluctuation, through a comparatively thick layer of breast tissue.

It is a good plan to incise the tumour first if we are in doubt about a cyst. A lady æt. 65, had a tumour showing many of the characteristics of a malignant growth. On account of her age we felt more sure that it was carcinoma. To make quite certain, the tumour was incised before removing the breast, and having cut through a good inch of hard dense tissue like carcinoma, the diagnosis seemed confirmed. On turning the breast over, a simple serous cyst was exposed. Those mistakes can be avoided by puncturing with an exploring needle. I remember well Mr. Bryant lecturing on this subject years ago, and saying there was no surgeon of any great experience of these operations, who had not at least once, removed a breast for this simple condition.

A cyst will resemble a cancer still more closely when it has undergone suppuration. A striking instance was that of a lady, æt. 42, who called upon me with a large tumour in the left breast. It was nodular, hard, with much surrounding induration. To the hand it had many of the characters of a widely infiltrating carcinoma. The circumstances were peculiar, indeed somewhat pathetic, for her husband was ill, and they had arranged to go abroad in three days' time. The first puncture drew a little blood only, the needle entering hard tissue, and cancer seemed certain. On sending the needle in another direction an ounce of pus was withdrawn, still there remained a great deal of surrounding induration, and it was impossible to be quite certain of the condition. It was clearly not a single abscess or a single suppurating cyst, otherwise the induration would not

have been there. Therefore, one said, "If you will come to-morrow I may be able to tell you if you can go." Next day the induration was rather less. I said, "You must put off your journey for two days, let me see you after forty-eight hours." Again the tumour was rather smaller, and I told her I thought she could make her preparations. The next day it was distinctly less, and on the day following she went. On her return a month later the induration had disappeared, and the question was whether the breast should be removed or not. Looking to her age, to the presence of other lumps, probably abscesses, and to the future, she readily consented to operation; the breast was removed, leaving the nipple and the fat round the breast, as this leaves the patient rather more of the appearance of a breast afterwards. On examination it was found to contain six other suppurating centres, and many ducts full of pus, these explaining the induration that had surrounded the original swelling. That was the nearest resemblance to carcinoma that I ever saw, either in chronic abscess or in cyst of the breast. It was interesting to notice, that the cyst I had emptied was collapsed and contained no pus. Clearly it was wise to remove the whole breast.

It is probable that the lump had existed in this woman for some considerable time, and only revealed its presence when enlarged by suppuration. A patient who comes with a cyst in the breast brings a fair sized tumour, very often one which will hold half-an-ounce of fluid. It may have been noticed a day or two, but clearly has been there some time. You will find that the patient complains of only one lump, but if you examine the other breast, you may find two or three, and of these the patient has been quite unaware. If from any cause one of them gets injured, there may be a rapid secretion of serum and pain from distension. If there are lumps in the other breast, the probability is, that the condition is cystic; you may find as many as six cysts in one patient. Let me again insist upon the effect of the varying amount of fat in the breast, as modifying the characters of a mammary tumour. A patient with a large mamma may have several unrecognised cysts, while in the thin breast a small enlargement is at once visible.

The next point I wish to call your attention to, is where cancer begins as a small, hard, movable nodule, having all the clinical features of the simple adenoma of the breast, seen at the age of eighteen and twenty. Here you have conditions which, I believe, it is impossible to exactly diagnose from ordinary adenoma. A lady, æt. 32, came to me with a small movable tumour on the inner margin of the right breast. She was a thin woman, and I want to call your attention specially to the fact, that all these patients are thin. The tumour was not only movable, but painless and nodular; it could be moved under the skin, it could be moved from the breast. It had all the characteristic features of adenoma at the age of twenty. At thirty-two, it might have been sarcoma. She was very timorous with regard to operation, especially with regard to removal of the breast, and it was, with difficulty, her consent was obtained for the removal of the tumour itself. The tumour had a granular appearance, which one has learnt to associate with sarcoma, not carcinoma. I removed a large piece of breast tissue round the growth, feeling fairly happy about the future. Finding under the microscope that the tumour was a carcinoma, I begged her to allow me to watch the case, and if necessary, operate early. She came back with a recurrence on the inner side of the scar; an attempt at removal approached the mediastinum, and I was obliged to desist, leaving some of the growth deep down in the wound. In this patient there was no glandular enlargement in the axilla, because the disease was primarily on the inner quadrant, so the mediastinal glands would be the first affected.

A second example occurred in the lower and inner portion of the breast, overlying the external oblique. Here it had all the characters I have described. I removed it very widely, with plenty of the breast tissue, took it home and examined it microscopically, and found it to be carcinoma. I wrote at once to inform the medical man of this, begged he would explain it to the patient, and that she would allow me to remove the whole of the breast and axilla at once. Permission for this could not be obtained for a long time. Ultimately, when permission was given, I removed widely, and apparently with success. But not long afterwards there was extensive recurrence in the abdomen, just where one would expect it after carcinoma in that region of the breast.

A third case was that of a lady, æt. 40, also very thin and spare, the breast containing but little fat. Here the tumour was on the surface of the breast, between the nipple and the margin. It was movable, painless, and nodular, and I regarded it as carcinoma; one had got to learn that these cases occurring over thirty were probably all carcinoma, and should be treated as such. However, there was some hesitation as

to the amount of freedom I might have, and therefore I said that to make it complete we would have a skilled pathologist down to make a section of this tumour when I had removed it, and if the microscope supported my view to proceed to the full operation. It happened that one of my recent dressers, Mr. Mollison, was acting as histological assistant to the Registrar, and I got him to come down and microscope the section. It was definitely carcinoma, and so the full operation was performed. That tumour had a granular appearance to the naked eye, quite different to the well known smooth surface of a carcinoma.

A fourth case occurred in the practice of a friend. It was a small tumour in the axillary margin of the breast; apparently it was free of the breast. This form of tumour in the axillary margin is so movable and nodular, so like adenoma, and free from the breast, that it is thought not to be a tumour of the breast at all. He removed it and the microscope showed it to be carcinoma. He then asked me to see the patient, with a view to further operation. Of course, one had only one opinion, namely, that a free operation should be done at once, However, the patient not finding anything the matter, preferred to wait. Subsequently, however, I was able to operate and found the axilla full of minute hard glands. Recurrence was unusually rapid.

A fifth case was that of a little, tender nodule, the size of a pea, on the surface of the breast. It was not thought to be a carcinoma, but on removal proved to be one, and rapidly ended her life.

One point common to all these cases is the occurrence of the nodules in the periphery of the breast. They occur in patients who are thin, and in whom there is very little fat in the breast. Of course, all thin persons do not have thin breasts, in some spare people the breasts are of a good size and active. But it is in the breast which is thin that these movable varieties occur, and generally on the periphery of such a breast. When they occur in large breasts the fat obscures the recognition of the tumour. In breasts containing a fair amount of fat this variety will only be recognised if it is on the very surface, where it is rare, or on the extreme periphery. But even then the axillary fat will conceal it to a great extent. This is a form of carcinoma often overlooked. The outcome of it is, that in all patients over thirty with this variety of movable tumour, we ought to make sure of its being carcinoma as early as possible.

I will now show you the other side of the question, to indicate how one may fall into error. A lady, æt. 65 to 70, was brought to me for a small hard nodular lump in the right breast, and with marked glands in the axilla. There were no glands in the other axilla, and I could not but agree that it was early carcinoma, and that we should operate. When I went to the house a few days later to operate, the lump in the breast could not be felt, and one thought an error had been committed in this case, and that it was only a cyst. But the glands in the axilla were there, and I removed the breast and cleared out the axilla. There were a large number of hard, but notably small glands, which struck me as being peculiar. On cutting into the original centre in the breast, there was no ordinary carcinoma, but there were some dilated ducts, with a good deal of surrounding induration, which we thought might be carcinoma. The microscopical specimen of the breast was lost, but the glands were caseous. That was some years ago, and she is alive and well now. We were, therefore, wrong in our diagnosis as to carcinoma.

A lady came with a painful superficial nodule in the left breast; there was a mass of large glands, in striking contrast to the small lump in the breast; she said they were due to a recently cut finger, and certainly there was a recently healed scar on one finger. The obvious course was to send her home to rest, and give her generous diet and tonics, and examine again in a week; the result was, that the glands had subsided, but had not disappeared, appearing to confirm her own view that they were secondary to her cut finger. However, as the breast tumour remained, the wiser course seemed to be to remove the breast. On examination, a mass of dilated ducts, full of secretion, which has become inspissated with a good deal of induration was found. The axillary glands were much enlarged as a result of simple infection.

The next point with regard to early cases is that of discharge from the nipple, and as to how far that is an indication of carcinoma of the breast. The discharge from the nipple, as a rule, is dark and sanguineous, and is generally due to one of three things: (1) to simple papilloma growing from the wall of the duct. This papilloma may be one inch in diameter, or it may be the size of a cherry, and lie in the dilated duct, attached to its wall at one point, and sprouting into the duct, and from it oozes fluid which escapes from the nipple. But the papilloma may be (2) sarcomatous, or it may be (3) carcinomatous; therefore, as far as we can

judge, it is better to operate in these cases of persistent sanguineous discharge from the nipple. Another source of discharge from the nipple in young people may be a simple suppuration in one of the ducts. I have such a case under care now. It was excised, and the patient is well, there being no sign of any growth. One is justified in removing the breast if the discharge persists in women over forty.

That leads me to the next interesting question, that of the value of eczema of the nipple as a sign of cancer. You know that this term was first applied by Sir James Paget, so it is called Paget's disease of the nipple, and in a very well developed case it shows a broadened nipple, very much flattened, with scales of epithelium over it. And if we remove these scales the surface looks red, and from the little points oozes serous fluid. As it progresses the nipple becomes hard and infiltrated. The question, of course, is whether this eczema of the nipple is a primary surface condition, or whether it is secondary to the discharge from the nipple to which I have been referring. I have just operated upon such a case, and I asked Mr. Handley (who has taken the Astley Cooper prize upon the question of cancer of the breast, and has made some very interesting observations in quite a new line) to examine it, and he sent me a report. I shall not read the whole of his report. There was discharge from the nipple, the nipple was eczematous in the ordinary way, and it has generally been found that this leads to cancer in the ducts, that is, in the larger ducts, and I was anxious to obtain a report upon this case. The report says: "There is actual glandular proliferation of the smaller ducts. At one point, there is a large group of closely set irregular duct tubules, which can be explained in no other way. Many of the asini are dilated and the epithelium in places is distinctly proliferating but without transgressing the basement membrane." In another part he says, "There are little papillary excrescences, which can be seen from some of the proliferating areas. The condition appears to be malignant adenoma of small lymph ducts, associated with papilloma of the larger ducts. The case appears to favour the view that Paget's eczema of the nipple is a symptom of duct carcinoma, and that the eczema is due to an irritating discharge." That is the point I am interested in, that the ezcema is secondary to something inside the duct, which makes it all the more important that we should take that view, and look upon it as a proliferating process in the walls of the duct, very often of a carcinomatous nature, and therefore demanding early operation.

Next, there is the question of the significance of retraction of the nipple. I have, of course, not described the ordinary cancer of the breast, because it is not necessary. There is, in Lydia ward at present, a woman who came in with very marked retraction of the nipple; she is over fifty years of age, and there was no marked difference felt underneath the nipple; no axillary glands to be felt, and the question was whether there was early carcinoma. There was no eczema nor discharge. The nipple was very markedly retracted indeed. Taking the retraction of the nipple, only two explanations were conceivable: first, that an infiltrating carcinoma was drawing in the nipple; or that there was a simple inflammatory process going on underneath the nipple which was contracting it. It seemed wise, however, to remove it, without doing the larger operation, unless we found evidence making it necessary. The breast was removed and the axilla cleared. The microscopic section taken from underneath the nipple shows chronic mastitis, with much fibrous tissue, and considerable degeneration of alveolar epithelium, but no signs of carcinoma. Retraction of the nipple, besides being due to infiltration, may be due to a simple cause, such as a cyst developing between the ducts, which, as it grows, will draw down and retract the nipple.

Let us next refer to pain. In descriptions of cancer of the breast, it is generally stated that there is pain of a shooting character. There is a common impression among the public that a tumour cannot be cancer, because there is no pain; we hear that nearly every day; and one has constantly to reply that cancer is painless in its early stages. Is there cancer in any part of the body which is not painless in its early stage? One often feels tempted to say, it is a pity cancer is not early ushered in by pain, for then such cases would come for operation earlier, and the forecast would be much better. Cancer of the rectum, for instance, is so painless, that the patient may die of secondary disease of the liver, without having any symptoms directing attention to the rectum.

The next point is with regard to enlarged glands. How far can their enlargement guide one in diagnosis? The day has gone by when anybody would advise waiting for enlargement of glands to settle the diagnosis. I had to face this question on one occasion in which the surgeon, who had written very largely on this subject, but whose ideas many people did not trust, refused to make the diagnosis until the glands enlarged. Happily the patient was

operated upon and a cancer removed. That was sixteen years ago, and she is still alive and well. This question of glands is a very important one. In the first place, it may be impossible to feel enlargement of glands because of the fat in the axilla. You may feel only one gland and think it a mild case, as was my experience the other day in a personal friend, an enormously fat woman; but on the axilla being opened it was almost impossible to get beyond the lymphatic infection. Again, when the growth is small, as in the movable varieties I have referred to, especially that which occurs on the axillary margin of the breast, the glands when infected may be numerous and extremely small. The infection may be much greater than we can estimate. Again, when the carcinoma is on the median side of the breast, *i.e.*, on the sternal aspect, the axillary glands will probably be quite free, this is, perhaps, the worst position which cancer can occupy, because of the impossibility of extirpating the lymphatics. Another interesting point is the great variation between the size of the primary tumour and the size of the glands. Sometimes there will be a small carcinoma of the breast with very large axillary glands, the latter being perhaps six or seven times as large as the breast tumour, or there may be a large cancer of the breast with very few axillary glands. A third difficulty arises when there are glands in both axillæ, with a tumour in the breast. Do the glands on the two sides own a common cause in the mammary tumour? That is very unlikely with a small tumour. Do they own a common cause in some constitutional peculiarity of patient or some constitutional dyscrasia? The difficulty arises when the breast condition resembles a simple induration, and small glands are present in both axilla. The glandular evidence is negative as a rule.

The value of glandular infection as influencing prognosis leads me to speak for a moment of the immense differences between the primary growth and the secondary infection. There was a woman recently in Lydia ward, a stewardess, with cancer of the breast. The tumour was movable, the glands were not large, but there was pain in the back. We sent her away, thinking there was a secondary deposit in her spine. I received a letter the other day saying she died of secondary disease in the spine and elsewhere. Yet the primary disease was comparatively small and easily removable. You will hear of cases where cancer of the breast was removed with a few axillary glands, the patient living for ten years. On the other hand, one will take away everything, including the pectoral muscle, making apparently a complete removal, and yet there may be rapid visceral recurrence. The tendency to recurrence is not always in proportion to the local condition.

Another point in the difficulty of diagnosis is mammary induration or chronic mastitis. Mostly you will find that mammary induration is in the upper half of the breast, a point needing some explanation. Possibly the pressure of the clothing on the lower half prevents such changes. We generally distinguish mammary induration, from cancer of the breast by putting the hand flat upon it and feeling a flat hard area but no definite elevated tumour. When the patient is forty years of age there is great responsibility in delaying operation in order to make a diagnosis. We rest the breast with strapping supports and give mercury, iodide of potassium, and tonics, and see the case every week or two. If it goes down, we can wait; if it gets larger we must operate.

Mammary induration is due to a cell infiltration round the ducts. This causes enlargement of a flat hard character. The tumour-like character is caused in part by dilated ducts. This condition is seen most frequently in the young, but women over forty not infrequently seek advice for a similar condition. It is to be noted that these patients are always thin, and for this reason these smaller indurations are felt. I have little doubt that in many of the cases the induration has been in existence for a long time and has been noticed accidentally, for it is very common to find a similar condition in the other breast, unknown to the patient. A good example occurred recently in a woman of forty-three, who was kept under observation for a year or more. Let me add that there is usually too much pain for early cancer.

Another condition, said to be confused with cancer, is galactocele. One would like to see a collected record of galactoceles, and to know how common the condition is. In my twenty-five years of practice I can recall two cases. The first was in a woman, æt. 30 odd, who had been confined a few months before, and came with a tumour in the breast, partly in the areola and partly beyond it. Many opinions were expressed. One thought it was galactocele, because of the recent parturition and suckling. It was opened and was found to be full of creamy fluid. There was no difficulty in diagnosing it from carcinoma, for being on the surface of the breast fluctuation could be obtained, and, as far as I know, galactoceles are always on the surface. The second case of galactocele

occurred six years ago in a young woman who came in with a breast tumour, said by my house-surgeon to be an adenoma. I did not see her until she was on the table, and then I said "Yes; hard, movable, painless, free from the skin of the breast; let the dresser remove it." It was partly under the areola and partly outside. He made the incision, and out came a large quantity of creamy inspissated material, as typical a galactocele as ever I saw. So I think it must be a rare disease. I suppose it must have been mistaken for carcinoma or it would not have been mentioned in this connection in our surgical literature. A case came to me the other day of supposed cancer of the breast; fluctuation could be felt, and half-an-ounce of creamy fluid was withdrawn. It was deep-seated, and the patient was unmarried. It was an exudation into a cyst and might be called a galactocele.

Chronic abscess, again, is a fairly uncommon malady, and it may be confused with carcinoma of the breast. But I think the description of a cyst which had suppurated would very well apply to chronic abscess, because I think a chronic abscess is more likely to be due to the suppuration of a cyst than to primary abscess. The exception I would make is that some of these abscesses are tubercular, and a tubercular abscess surrounded by an infected area of breast tissue will closely resemble carcinoma.

## Guy's Physiological Society.

The above Society concluded a highly successful session last Tuesday. Much interest has been evinced this year, and the papers contributed have all been of a high order. The papers read have been by no means restricted to purely physiological subjects, but have also dealt with sociological and psychological problems.

Besides those already noticed, the following members have contributed papers:—Mr. C. Edsall read an interesting paper on Diet; Mr. M. D. Price's paper dealt with the Psychology of Music; Messrs. Sandford, Leeming and Townrow contributed papers on Physiological Psychology, Training and Education respectively. Mr. M. Ball gave us an interesting resumé of all the latest work on the Ductless Glands, whilst Mr. Brook dealt with the Force of Mind.

It is to be hoped that next year the same lively interest will be shown in the proceedings of the society, and that the rôle of members will be increased. The society's best thanks are due to the many gentlemen who have so kindly taken the chair during the past session.

## Dental News.

Dental students, especially those who expect in the near future to commence practice for themselves, would be well advised to peruse the inaugural address of the Hon. President of the Edinburgh Dental Students' Society, published in the March issue of the "Dental Record." Many points are mentioned which, taken individually, might be considered trivial and unimportant, so much so that many would be apt to overlook them altogether, yet which, considered as a whole, constitute a very potent factor in the insurance of success. Although we mention this it must not for a moment be thought that we agree with the editor of "The Dental Surgeon," who in a recent number bewailed the lack of teaching of ethics in dental schools, and even went so far as to say that he did not know of a single instance of the staff of a dental school taking any trouble to teach in that direction. Our answer to this is, that he cannot be acquainted with the system of teaching of Guy's Dental Staff, of which every member is most assiduous in instilling into the minds of the students good advice in ethics and the conduct of practice, for which those who display the good sense to profit by such teachings will ever be grateful.

The following has been received from a member of the Dental School, who elects to conceal his identity. "There was considerable interest excited over a new cement brought by one of the dental companies which was made the subject of a demonstration at the meeting of the Southern Counties and Metropolitan branches of the British Dental Association held at the hospital some few weeks ago, which promised if it could stand the test of time and the oral fluids, to revolutionize artistic filling. One would like to know if its capabilities have been tested, and this induces one to further ask—Should there not be a department to test fully these new and promising materials, etc., or, at any rate, some responsible person who could superintend the use of, draw up statistics, and report on the comparative merits or demerits? Surely, a big and leading institution like ours should have something of the sort, for it is much easier to try these things experimentally in hospital practice than in private, and against the argument that it is not right to treat hospital patients worse than private ones is the fact that the patients would be brought up again for the material or drug to be reported on, and if it proved unsatisfactory the failure could be remedied, so that the patient really would not suffer."

The idea is a good one, but as to whether or no there be a department for this purpose is, of course, a question for the House Committee. With regard to the superintending, drawing up statistics, etc., this would probably take up one person's whole time, and in these days when a dental man has to crowd so much into his two years, the difficulty is, where is that one to be found? We should like to hear suggestions from our readers on this subject.

# Fifty-nine.

"A man at forty has done his best work, at fifty is effete, and at sixty ought to be chloroformed," or words to that effect.—Prof. Osler.

"'E takes a bit of lickin' at 'is weight."—Chevalier.

If you had been there, my dear Osler, you would have received a severe shock.

Effete at fifty —— Whew!

Ought to be chloroformed at sixty, ought he?

Well we are certainly not applying for the post of anæsthetist anyway. We reckon it would take six good strong anæsthetists to get him under, and if they weren't pretty slippy some of them would be put to sleep themselves. He is master of an anæsthetic which is as old as the hills but which has not yet been described by Hewitt.

It was Tuesday evening, March 14th, and we had seen three contests for the light weight competition in the Pavy Gymnasium and were settling down to a good evening's sport when the chairman announced the next item on the programme to be an exhibition spar between Mr. Charles Higgens and Professor Jem Brock.

Now Jem Brock is well known to us as a scientific pugilist who retired from the ring many years ago, and is one of the best instructors in London of the noble art.

But who is Higgens, we said, what Higgens is it? And while we were speculating on the name, a burst of cheering came from the students on all sides, and we saw a wiry little man in regulation shorts and vest duck under the ropes and take his corner, followed by the redoubtable Jem.

We rubbed our eyes and gasped.

We pinched ourselves to see if we were dreaming.

No, there was no doubt we were wide awake and that was indeed our senior oculist who was fitting on his gloves and looking the least unconcerned person in the room.

A stranger would undoubtedly have picked him out as the professional—his hard, wiry muscles, his close-cropped grey hair, his under jaw and the whole cut of his jib looked the part to perfection.

Fifty-nine, we murmured, hope Jem will be careful with him. These old crock performances are generally so painful to look on at.

Seconds out—time.

We do so hope Jem Brock will be——.

Bang, bang, wollup!

Hullo, what was that?

Wollup! bang! Good gracious!—here, I say—woop! bang! woop! boomp!

This is no patting, good, hard, straight punching, and no mistake. Jem stopped him that time, flush on the nose, but he's at it again, hammer and tongs, all round the ring, left and right, give and take, up and down, no sparring for wind, but business meant all the time, and in the middle of a fierce short-arm rough and tumble time is called.

Well, this is an eye-opener; men clap and cheer, but they are still too surprised to realise that it isn't part of the competition, that the boxers are not twenty years old or thereabouts. Certainly there has been only one couple up to now who have been more spirited or kept at it harder.

Seconds out—time. At it again like a couple of terriers. What a little devil he looks, with his lower teeth stuck out an inch beyond his upper, and a nasty gleam in his eyes that means mischief. Quick on his feet, he works in and out, takes his gruel with a grin and returns for more, and gives as good as he gets. He's a fighter all through and no mistake, and as they mix it up on the ropes the referee is forced to order them to break away, and the boys howl with delight.

Third and last round—time.

Surely he must go easy now, he can't keep it up at the same pace for a third round. Can't he! Harder than ever the blows are given and taken. Jem has all his work cut out to stave off the persistent slogging which his indominitable pupil hurls at him. They peg away at body and head, throwing defence to the winds, only caring to get one more home, now fighting themselves almost to a standstill and now rallying with another last onslaught, until the timekeeper's voice is lost in the shouts and yells of the boys who have broken out into mad enthusiasm and roar themselves hoarse at an exhibition of pluck and stamina which will probably be unique in their lives.

Then our senior oculist shakes hands with Jem and ducks out of the ring breathing harder, but as unconcerned as he ducked into it.

Fifty-nine!

Being retired this year on reaching the time limit of sixty.

Oh, for the pen of a Stevenson to point the moral to such an object lesson. No finer lecture has ever been given at Guy's, and some of us middle-aged practitioners, who think ourselves unable to do anything more strenuous than golf at forty, will ponder on it deeply and feel poor things.

Some years ago we saw Jack Angle spar three rounds at the National Sporting Club with Bat Mullings, and the fancy marvelled at it as a fine performance for an old' un. But Jack was only just the wrong side of fifty and the sparring was nowhere near as heavy or as fast as this was.

Take it all in all it was one of the things that Guy's ought to be very proud of, unique in its way, and they were lucky indeed who were there to see it. There is no doubt that some method ought to be employed to perpetuate the memory of it lest it be forgotten.

A tablet in the Chapel or something.

If only Sister Eyes could have been there, how she would have cheered!

But as for you, Osler, you can go and bury yourself.

# Appointments.

## Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

*Clinical Assistants.*—Messrs. R. A. Chisolm, H. M. Clarke, A. V. Maybury, A. Leeming, A. B. O'Brien, S. M. Wells.

*Clinical Assistants in the Medical Out-patients.*—Messrs. A. G. Jones (Drs. Bryant and Fawcett); M. Leckie (Drs. Shaw and Beddard).

*Dressers in the Throat Department.*—Messrs. E. H. Adams, W. Reeve, E. Bellingham Smith, F. T. H. Wood, H. V. Mitchell, G. W. Nicholson.

*Assistant Surgeons' Dressers.*—Messrs. G. W. Dryland, P. P. Laidlaw, S. McK. Saunders, E. P. Joynt, G. F. Stebbing, W. P. H. Munden (Mr. Lane); J. B. Ball, C. B. Ticehurst, A. M. Tolhurst, E. B. Hinde, E. W. Giesen, R. J. Reynolds (Mr. Dunn); H. P. Aubrey, J. N. Watson, H. J. Henderson, T. E. A. Carr, E. N. Plummer, C. A. Basker (Sir Alfred Fripp); C. H. Marshall, C. A. Y. Mayer, H. F. Joynt, H. Joste Smith, B. Wallis (Mr. Steward).

*Medical Ward Clerks.*—Messrs. S. K. Poole, P. F. McEvedy, S. W. Daw, A. T. Rivers, G. F. E. Allison, E. Wragg, A. Davidson, M. M. Earle, J. L. Rankine, W. R. Greening, C. E. M. Jones, B. K. Nutman, O. G. F. Luhn, J. W. Featherstone, T. H. Edey, R. B. Dawson, J. K. A. Helm, I. R. Florence, A. V. Ledger, F. Morres, L. D. Stamp, A. L. Foster, M. D. Price, C. H. Rippmann, H. J. B. Cane, N. Flower, H. B. Carlyll, A. T. Densham, R. Evans, J. W. Grice, A. C. Dickson, R. R. Walker, E. A. Collins

*Assistant Physicians' Clerk.*—Mr. H. W. B. Walling.

*Surgical Ward Clerks.*—Messrs. K. H. Digby, F. W. Hogarth, P. V. G. Pedrick, M. J. Rattray, D. Reynolds, L. L. C. Reynolds, J. B. Martin, G. F. Syms, S. H. C. Air, W. W. Cook, L. Croft, D. Roberts, B. H. Palmer.

*Clerks in Skin Department.*—Messrs. W. H. S. Burney, S. W. Daw.

*Aural Surgeon's Dresser.*—Mr. L. G. Davies.

*Post-mortem Clerks.*—Messrs. B. B. Metcalfe, P. S. Mills, H. F. Vandermin, A. S. Morton Palmer, A. W. Berry, A. Walker (April 1st); E. M. Harrison, E. C. Lowe, G. Cockcroft, W. Welchman, W. H. Trethowan, J. S. Bookless (May 16th).

## Civil.

Glanville, L.S.H., M.B., B.S. Lond., has been appointed House-Surgeon to the East London Hospital for Children and Dispensary for Women, Shadwell, E.

Porter, A. E., M.A., M.D. Cantab., D.P.H., has been appointed Demonstrator of Public Health at the University of Leeds.

Symonds, Charters J., M.D., M.S. Lond., F.R.C.S. Eng., has been appointed to the Consulting Staff of the Bolingbroke Hospital, Wandsworth Common, S.W.

# Guy's Hospital Debating Society.

The Annual Ladies' Evening of the above Society was held in the Smoking-room on Saturday, March 4th, 1905, Mr. Clement Lucas in the chair. Several trivial points of private business having been satisfactorily settled—

Mr. Brydone proposed "That it is not under all circumstances either necessary or justifiable to speak the truth." Mr. Morton-Palmer lead the opposition, Mr. Goble seconded the motion, Mr. Spriggs the opposition.

In the discussion which followed, the Chairman, Dr. Taylor, and Messrs. Bell-Walker, Watney, Cooper and Stebbing took part.

On being put to the vote, the motion was carried by a majority of 24 votes, 78 taking part in the division.

A vote of thanks to Mr. Lucas for taking the chair brought the proceedings to a close.

# Guy's Hospital Children's Christmas Tea Fund.

*Statement of Receipts and Expenditure for the year ending December 31st, 1904.*

| Receipts. | | | £ s. d. |
|---|---|---|---|
| To Balance brought forward:— | | | |
| Reserve on Deposit ... | £30 0 0 | | |
| Cash at Bankers ... ... | 3 4 4 | | |
| | | 33 4 4 | |
| „ Subscriptions ... ... ... ... ... | | 95 17 9 | |
| | | £129 2 1 | |

| Expenditure. | | | £ s. d. |
|---|---|---|---|
| By Cost of Tea, Refreshments, &c. | £35 8 6 | | |
| „ Gifts of Toys, Clothing, &c. ... | 20 15 9 | | |
| „ Cinematograph Expenses ... | 6 16 0 | | |
| „ Printing, Stationery & Postage | 1 17 7 | | |
| „ Fees to Servants and Police, Hiring, & Sundry Expenses | 7 15 11 | | |
| | | 72 13 9 | |
| „ Special Donations:— | | | |
| Guy's Hospital (to maintain a Cot) ... ... ... | 25 0 0 | | |
| The Haven ... ... ... | 15 0 0 | | |
| Maternity Samaritan Fund | 5 0 0 | | |
| Out-patient Visitor ... | 5 0 0 | | |
| | | 50 0 0 | |
| „ Balance:— | | | |
| Cash at Bankers ... ... ... | | 6 8 4 | |
| | | £129 2 1 | |

Audited and found correct,

CHAS. H. WELLS.

March 1st, 1905.

# Motor Cars for Medical Men.

One of the members of the Staff told me this afternoon that generally speaking it did not pay a consulting physician or surgeon in London, to keep a motor car in preference to a horse-drawn carriage. Although I am not prepared to admit this off-hand, I am sure that in the case of Country practitioners the adoption of a motor car—provided that the proper sort of car be chosen—is a considerable saving.

A doctor requires essentially a reliable car, and at the same time he must remember that no car is so reliable that it will run day after day with no attention to its "innards."

The man who intends to run a motor car inexpensively must be at some pains to understand the mechanism and general manipulation and principles of his mount; personally I do not quite see where the fun comes in when you keep a "chauffeur" at two or three pounds a week—it is like keeping horses for other people to ride them.

It is not necessary to *clean* the car yourself; the gardener or boy can do that. A coachman expects approximately 24s. a week; a handy gardener will keep a small garden nice, clean your car, windows, knives, boots, etc., for the same; and a boy will cost considerably less. So that, if you drive yourself—and there is no reason why you shouldn't—you go to windward rather than to leeward on the score of the man's expenses, if you keep a car.

With regard to the choice of a motor the question is not so easily summed up. In the first place, I would advise a purchaser to buy entirely irrespective of whether the car is of British or Foreign manufacture: this sounds unpatriotic, but I feel that charity begins at home, and what the buyer really wants to get is the best value for his money; if this value happens to be British so much the better, but neither British manufacturers or Foreign agents are dealing with you because they love you, they sell you a car in order to make as much profit as they can. This is business—and so is horse-dealing.

A good car whether foreign or British costs money, so don't expect to get a reliable conveyance for a song; at the same time it *is* possible to pick up a second-hand car as good as new for half the money, but unless you have practical engineering experience or can obtain expert advice on it, the writer's experience is, don't.

This paper is meant to be a helpful one to prospective buyers, and nothing is so practically helpful as personal experience; my personal experience prompts me to recommend very strongly as an expert Mr. Pullman, of the Salgasson Motor Works, Godalming. Whether new or second-hand it rests with the buyer entirely as to whether he wishes to carry two or four passengers, and all I would here say is, don't for goodness sake buy a car too big for the engine: here again I speak from personal experience, having some twelve months ago become the proud owner of a heavy four-seated car, driven by an excellent but only 7 h-p. engine. On the level I can scuffle along at a very fair speed—but up the hills! O ye gods! How she pants and struggles! A doctor's car must be a car for all weathers, therefore non-skids on the driving wheels, and a hood, are necessary.

Perhaps the ideal car for a medical man, if you can afford it, is the 16 h-p. Albion; it is built for solid tyres, so that pneumatic difficulties (often I think exaggerated—I have had one puncture in 1500 miles) are obviated; the gearing is low so that hills are taken at the same speed as the level, and the engine control is by one small lever which practically renders the car fool-proof. The Albion costs £400, and for a doctor is, I should think, well worth it, the only disadvantages that I can see being the somewhat heavy weight, and some slight waste of energy on the level consequent on the simplification of control in making it fool-proof. It is a car most strongly to be recommended. There are further points in its construction which I would revert to, but they are subjects of controversy, not in this particular car, but in general; and it is extremely probable that another year's experience will decide the questions. Among other things the Albion is chain-driven and has magneto-ignition.

Personally I feel certain that the car of the future will have a live axle and have the magneto-ignition. These matters cannot be more deeply discussed here. In fact, I feel that I am even now entering too far on technical details. After all, when one is beginning to think of buying a car, the primary factor is the cost. Well, very often indeed the cheapest car may turn out to be the most expensive; on the other hand, just as when you go to a West End tailor you are often paying other fellow's bad debts, so in going to an unknown maker you are often paying for experiments for other people's benefit.

But I find that I am lapsing into the fault of most amateur authorities and indulging in side issues; let me atone by giving a list of cars which in my opinion should prove reliable:—

| Name of car. | H-P. | Passengers. | Price. | Weight. |
|---|---|---|---|---|
| 1. Siddeley ... | 6 | 3 | £195 | 10 cwt. |
| 2. Wolseley ... | 6 | 2 | 175 | 8½ " |
| 3. Gladiator ... | 9 | 5 | 300 | 14 " |
| 4. " ... | 12 | 5 | 350 | 17 " |
| 5. M.M.C. ... | 8 | 4 | 255 | 11 " |
| 6. " ... | 9 | 4 | 285 | 11 " |
| 7. Renault ... | 8 | 4 | 214 | 12 " |
| 8. " ... | 10 | 4 | 310 | 14 " |
| 9. Thornycroft ... | 10 | 4 | 350 | 15 " |
| 10. Wolseley ... | 8 | 4 | 300 | 13 " |
| 11. Albion ... | 16 | 4–5 | 400 | 21 " |
| 12. Argyll ... | 10 | 5 | 380 | 14 " |
| 13. M.M.C. ... | 10 | 4 | 395 | 18 " |
| 14. Rolls-Royce ... | 10 | 4 | 395 | 14 " |
| 15. Wolseley ... | 12 | 4 | 400 | 18 " |

I have assumed that most doctors would consider that they should be able to get a reliable car under £400, and so they should, and I think can. I will now give my reasons for recommending the above cars.

The Siddeley is to be recommended because of the consistent reliability shown by the 12 h-p. Siddeley in the recent five-thousand miles trial.

The Wolseley is to be recommended because an acquaintance of mine, a high Government official recently employed engineering Indian railways, has purchased one, guided by the opinion of his son, an officer in the Engineers, who had been especially appointed by the War Office to study motoring.

The Gladiator I recommend on the authority of another friend—a retired marine officer, who until lately was the motor authority on the staff of one of the weekly illustrateds. He had much enjoyed some runs on one and been much impressed with the car.

The M.M.C. seems to me well designed: I had a run of a few yards on one of them, and it seemed very silent and sweet running: for some reason or another I have not noticed so many about as formerly, but when I bought my present car I was very undecided between it and an M.M.C.

The Renault is an excellent car. The secretary of the motor club I belong to is, I believe, a man of scientific training, and makes a special study of cars; he went over to the Paris Exhibition, and as a result purchased a Renault. The marine officer mentioned above—Major Watson—has also after mature consideration become the owner of one.

Thornycroft is simply and solely recommended on its name; I know nothing of it.

Dr. Mitchell of Guildford owns an Albion, and has been kind enough to give me a ride in it. He is more than satisfied with it, and when I went for my ride I was much impressed with the way in which the car took the hills—generally on the same speed as the level.

The Argyll I recommend because it is my own particular fancy for my next car, and if I can sell my present old clunbungy I shall certainly get an Argyll.

As with the Thornycroft so with the Rolls-Royce, I recommend it without experience, either personal or hearsay, on its name

I honestly believe that the cars mentioned are those to be recommended to a doctor, but various other more personal considerations are to be taken into account before a final decision is made, such as how many passengers are desired to be carried.

Probably the greatest bugbear of the motorist is tyre-trouble, but in a light car of moderate speed careful driving and a considerate use of the brakes will, I think, do much to lessen expense and trouble, although, of course, luck has much to do with the question. My tyres are Michelins, and before they became at all worn I had them retreaded with Smith's compressed rubber treads, and would advise others to do the same. I look upon non-skids as a clumsy makeshift: they slow a low-powered car a lot; but for the present they must be adopted in an all-weather car, for the daily chance of experiencing the sickening helplessness of a side-slip is well avoided at the expense of some loss of speed.

Before purchasing, the intending motorist would do well to read the Badminton volume on "Motors" and also take in one of the weekly papers, of which I would choose the "Autocar." A perusal of the correspondence columns of the latter will often well repay the reader, especially if he is capable of putting two and two together.

We will now assume that you have more or less read the subject up and finally decided what car you wish to purchase. A friend of mine, who is in the trade, once told me that he thought that every man who commenced dealing in motors at once lost all sense of moral rectitude—in which opinion I readily concurred. But this is by the way, and, anyhow, you have made your mind up, and forthwith repair to your favoured shop. Shop! Dare I write it—shop? Can I call the much be-curled, much fancy-waiscoated, patent leather-booted young man a shop-man? My courage fails me—I cannot! I am aware that dealing in motors—equally with a grant from the College of Heralds or a Commission in His Majesty's Navy or Army—confers the title of Esquire! So, let us then tremble and bow down when we ask these Great Ones to allow us to spend *our* money on *their* wares.

There is at present a big boom in these things, a few people will make much money, and a great many will lose; after a bit the whole trade will shake down to its proper place and then we shall have no more of these absurdities.

And now a word of genuine advice: remember that once you have got your car (and the dealers have got your money) you need not expect them to dry nurse you in any way. It was their business to sell you a car for your money, and once they have done that their active interest in you ceases. Get a friend, or your paid expert, to recommend you a man to teach you to drive your newly-acquired purchase, but look upon your temporary chauffeur with the jaundiced eye of undeveloped experience.

I am sorry to have to speak of any sport or any trade in the bitter way that I am doing, and it is only truth that compels me to do so; but it is best to take the bitter before the sweet, and apart from the filthy lucre side of the question, the man who buys a motor has good things to look forward to. He can do his rounds in far less time; if he is a humane man he is never troubled with the thought of sitting behind an over-driven animal, and when opportunity occurs he can give his wife and kiddies a right royal holiday.

I had meant to write a pithy, classified, and neatly summed up paper, but I find I have done just the reverse; as, however, unprejudiced experience still counts for something I shall let this go as it is.

GERALD SICHEL.

## Change of Address.

Dr. Richard L. Wallace, from Eltham Park Villas, to The Nook, Willingdon Road, Eastbourne.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# Thrombosis and Embolism as Complications of Surgical Operations.

A paper read before the Physical Society on January 28th, 1905, by Mr. R. G. Anderson, and awarded the Society's Prize.

*(Continued).*

Before proceeding to the post-operative causes, *the locality of the operation* deserves some mention as a predisposing factor. The dangerous situations seem to be those where large veins abound, particularly veins under pressure influences, or dependent and of sluggish stream. Hence the frequency of these sequelæ in abdominal, pelvic, and femoral cases—

C. *Now as to the factors following on operation in their relation to coagulation.* They may be summed up under two comprehensive headings already in part alluded to:—

1. *Retardation or stasis of blood-stream.*
2. *Infective or septic changes.*

1. *Retardation* has been dealt with as a most important factor among the predisposing and operative causes. Let us now consider its post-operative bearing. When a patient is recovering from the shock and depression of a prolonged anæsthetic and operation, he is necessarily restricted in diet for several days (especially if the abdomen has been dealt with), and doomed to eke out a wretched existence for many more on the broad of his back—it is during this period that the danger of thrombosis (perhaps aggravated by preceding causes) is greatest. Wilks and Moxon, in their Pathology, make the following significant statement:—"In the bed-ridden" . . . "The weight of the body falls especially on the buttocks, and the gluteal circumflex and other veins of that part are much impeded, so that the stream in these branches may stay, and the blood coagulate. The clot extending from small branches into larger until it protrudes into the main femoral or iliac veins, where it is increased in size by layers of clot until it may quite stop up the femoral vein." . . . "When there it is exposed to the whole current from the lower limbs, and it is liable to be broken off and carried on in the current, until it is cast into the pulmonary artery as an embolus." This admirably expresses a chain of events, due entirely to the posture of the æsthenic patient, quite independent of septic influences.

There are *other* very important post-operative causes of stasis:—

In the first place, pressure from tight bandages, especially badly adjusted spicas, with insufficient packing, where the veins of the groin are pressed upon and the patient complains of coldness and pain in the limb. Twice in our surgical reports have such complaints been followed by œdema of the limb and subsequent thrombosis. Splints, carelessly applied, are liable to produce similar ill results. The phenonmenon also, already described, namely, clotting occurring in the limb on the opposite side to that of the injury, may be entirely or in part attributable to these static influences. In addition to the four such appendectomy cases before quoted, in which left-sided thrombosis occurred, both Mynter and Treves mention having met with these anomalies after appendicitis prior to operation, and Tubby cites this fact in favour of the obstructive origin of the thrombus in like instances. Treves himself says: "Œdema of the leg may occur without thrombosis and be due to pressure on the veins by inflammatory exudation." The explanation of the side affected lies, I think, partly in the position assumed by a patient after operation, who generally reclines, or is propped over, with an inclination, however slight, towards the part of least pain on pressure; thus, most of his weight falls on the opposite buttock in these cases, and, besides the venous obstruction to the limb caused thereby, any plastic lymph thrown out during the operation, naturally gravitates to the lowest point, *i.e.* (the pelvic concavity) where it eventually organises and constricts the neighbouring thin-walled veins. This can be readily comprehended when one considers that grave intestinal obstruction may arise from the same cause. It is also an astonishing fact (of interest especially from its probable bearing on the above question), that a vast majority of all surgical thromboses, no matter what their precedent operation, affect the left leg, which is also the limb most frequently selected in coagulations of medical origin. Thus, among thirty-one instances of crural, in a total of thirty-eight of general thromboses recorded in our analysis, chiefly following appendicular and gynæcological sections, no fewer than twenty-one involved the left, six the right, and four both legs. It is impossible to find an adequate explanation of this. A further interesting statement with regard to vascular stasis is made by Walsham in his Pathology. He says: "It is probable that retardation of the circulation causes thrombosis by itself producing an abnormal condition of the vessel wall, the latter thus ceases to exert its normal control over the flowing blood and on death of the corpuscles coagulation ensues," commencing behind the valves, which act as foreign bodies, the blood-stream being insufficient to force them open.

We now come to the second main post-operative factor:—

2. *Infective or septic changes.*—Sepsis, this word of ill omen which figures so largely in every "stock list" of causes, has, especially of late, been put forward as a constant factor in every case of coagulation, whether of obviously infective origin or otherwise. Dr. Bryant, in his article on "The Bacteria of Thrombi" (Guy's Reports, 1902—none of his cases, however, being of aseptic surgical origin), mentions that organisms are found not only in thrombi occurring as a sequel of infectious disease, but also in those of cachetic, anæmic, and cardiac origin. Mr. Pakes, too, has drawn attention to the important relationship of the bacillus proteus vulgaris (a benign organism occurring normally in the

lungs, intestines, and elsewhere), to clot-formation. It is theoretically asserted that in a slowed blood-stream bacterial invasion may occur, and non-pathogenic organisms become relatively pathogenic under such circumstances. These are indeed very probable explanations, and one has had so far no opportunity of disproving their surgical efficiency by microscopic investigation and cultivation of clot from apparently aseptic operative cases. One certainly admits the undoubted bacteriological origin of thrombi and emboli occurring in definitely infected cases; indeed, the ordinary pyæmic infarction exemplifies this. It does not, I think, follow, however, that those arising in healthy patients, suffering from no constitutinal disturbance, whose wounds have healed by first intent and who are apparently free from any septic intoxication, should of necessity be attributed to micro-organisms This point cannot be settled, however, without careful bacteriological research. It is of course possible that after operation, highly resistant structures, in particular such a powerful germicidal membrane as the peritoneum, having been contaminated during its procedure may be able to cope with and overcome such an invasion, whilst the cut lymphatics and venous *radicals* prove unequal to the task imposed upon them, and a condition of what might be termed "hidden sepsis," ensue. On the other hand, if such were in fact the case, one would expect, and I think one generally finds more dire results, in the shape of abscess-formation and toxæmia from the breaking down of a clot laden with organism, unless indeed these organisms be of a very benign and non-pathogenic nature as Dr. Bryant suggests. Mummery, however, quotes several cases of suppurative phlebitis and abscess of the lung following on infective coagulation and embolism, and gives it as a point of difference between the septic and aseptic variety. The almost invariable pre-existence of pyrexia, however, in cases even, where no active signs of infection are manifest, make one regard the "hidden sepsis" theory as quite possible in such instances. Cuthbert Lockyer (in the article before alluded to) mentions another possible mode of vascular infection, namely, "direct venous injection," when a portion of bowel becoming adherent to an ovarian pedicle infected its contained veins by immediate contact. There is a somewhat similar case in our own Reports.

Having detailed the various factors exerting a possible influence in operative coagulations, the signs and *symptoms* of such complications require our attention—

Firstly as regards *post-operative thrombosis*: Here the symptoms are so familiar to all that but a brief enumeration of the chief points is necessary before passing on to its more important and less familiar secondary complication, embolism. It is essential to remember that extensive thrombosis may and very often does exist in veins without obstructing their entire lumen, and so without the manifestation of a single sign or symptom its presence only being discovered at the autopsy. There is, however, frequently in such cases an unaccountable rise of temperature, associated with a slight increase of pulse and respiratory rhythm and some general malaise, which, occurring after an operation that has run an entirely satisfactory course, should invariably arouse one's suspicions, especially if any deep-seated abdominal or pelvic pain co exist. This warning pyrexia is shown in both the charts you have examined. It is these cases of "concealed thrombosis" that are the most dangerous and misleading. There exist no pronounced indications of the gravity of the situation and consequently no precautions are taken. The patient is allowed to sit up in bed or get about during early convalescence. He is seized with a sudden attack of intense dyspnœa and cardiac distress, from which he may never rally. The post-mortem examination reveals an unsuspected primary thrombosis, commonly of the pelvic or renal veins, and a secondary embolus in the lung. No less than twenty-two of the thirty-two cases of pulmonary infarction I record have had no signs of preceding thrombosis. In two instances indications of femoral clotting have followed immediately after the embolic symptoms, probably due to shifting of the coagulum, part of which had been caught in one of the valves in its upward course, completely obstructing the already partially occluded vessel, whilst the remainder succeeded in reaching the lung. These "concealed thromboses" are fortunately not the rule, however, though they occur, I am sure, far more frequently than is ever suspected. Generally, there are the classical manifestations of venous obstruction, which commence, according to Mummery, commonly between the seventh and tenth day, and to Shenck, of New York, between the twelfth and sixteenth day. In our analysis the average time is 13·3 days; the large majority being manifested within the first fortnight, only four after the third week, in one instance as early as the second day, and in another as late as the thirty-fifth after operation. The onset is usually somewhat sudden, though, as before mentioned, almost constantly preceded and followed by pyrexia and malaise for several days (from three to seven, or even more). Often some first or unaccustomed exertion is the exciting cause. The patient may draw attention to the fact that his leg is tender and swollen, frequently sensations of numbness, tension, tingling, itching and heat or cold are complained of. On examination, the limb is found to be œdematous, tense and pitting on pressure, if the deeper vessels are, as is commonly the case, obstructed. It may be red and congested, or more occasionally cold and white or cyanosed, if the obstruction has been sudden and complete. Dilated venules sometimes appear superficially. There is great pain and tenderness over the affected area, and the plugged veins are perhaps palpable as hard knotted cords, the knots corresponding to the position of their valves. This condition usually subsides in the course of from two to eight weeks, under judicious treatment, though it may continue for a much longer time, months, and even years, being analogous in this respect to the persistent œdema which occasionally follows fractures of the lower limb, ascribed by Erichsen to a similar cause, clotting in damaged veins, aggravated by continued rest and splint-pressure. Secondary infarction

after thrombosis may occur in apparently aseptic cases any time within the first fortnight. In obviously septic cases the dangerous period is longer, being five or six weeks, according to some authorities.

With regard to the *signs and symptoms of post-operative embolism.*—I shall, as already stipulated, confine my remarks entirely to the pulmonary variety, by far the most usual and serious occurrence. Its manifestations which are here drawn from many descriptions in our Reports and elsewhere, can be classified under three headings:—

1. Premonitory.
2. Immediate: and
3. Consequent.

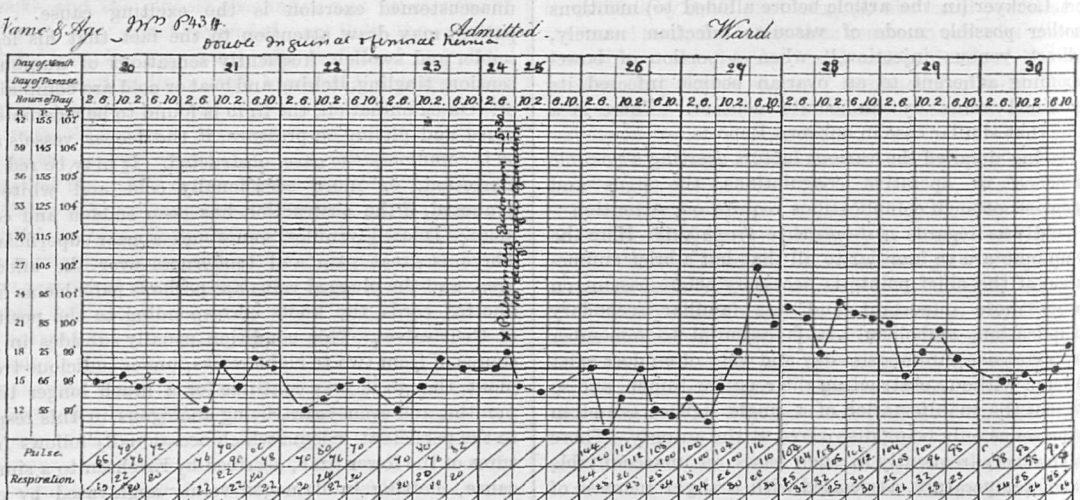
The onset of these infarctions is invariable sudden and alarming. As before mentioned, there may or may not have existed previous evidence of thrombosis; and likewise there may or may not be any immediate exciting cause. Though frequently some unwonted exertion, such as sitting up, getting out of bed for the first time, a sudden movement, the use of a bed-pan, or a fit of coughing or laughing, detaches the clot, and thus immediately precedes an attack. The average date of embolism in the 33 recorded cases is the twelfth day after operation. On three occasions as early as the first (once within three hours) and as late as the thirty-ninth.

I. *Of the premonitory symptoms* we have already considered the malaise, and pyrexia, which are present before thrombosis and embolism alike. Numbness, or a burning sensation in one or both limbs occasionally forerun an attack for several hours or days, and a painful feeling of something slipping in the course of a vessel itself, immediately heralding infarction, has been described by Treves, and is exemplified in the case of a woman aged 34, who eighteen days after a hysterectomy, while sitting up in bed, was suddenly seized with pain in the left calf, which rapidly extended along the inner side of her thigh and was at once followed by a pulmonary embolism and subsequently by signs of thrombosis in the limb itself. Acute pain in the right hypochrondrium and lower part of the chest seems also to be a frequent precurring sign. This may pass off entirely in a few days with no further trouble, or be followed by signs of pleurisy and consolidation over the affected area; sometimes by symptoms of severe embolism. It has been noted in four instances.

2. *The immediate symptoms* during an attack are as follows:—There is a sudden cry of extreme anguish and a sense of impending death, followed by such exclamations as "I'm dying!" "Give me air!" "I can't breathe!" etc. The patient's face is wildly excited, wearing a fixed look of extreme terror upon it, his eyes are congested and prominent, the pupils widely dilated. Profuse cold sweat and rapid cyanosis often preceded and followed by intense lividity, ensue, the face and entire body assuming a peculiar grey blue slate colour, traces of which may persist for two or three days after the onset of the attack, if patient survive.

Dr. D. B. Lees, in a paper on "The Dextro-Cardiac Respiratory Reflex" (*Lancet*, 1893), explains this feature as follows: "The sudden check to the æration of the blood causes the cyanosis, while the impaired supply of blood to the left ventricle causes pallor, which, combined with the cyanosis, gives the peculiar ashy livid tint." Extreme restlessness and violence, especially among the young and active, is a frequent symptom. The patient may endeavour to get out of bed or writhe about in great torment. The onset of profound shock and collapse is immediate. The respirations are at first rapid (30–70 per minute), deep and stertorous, involving the accessory respiratory muscles and associated with orthopnœa, later, after the first few minutes, gradually slowing down. The pulse is flickering, weak, thready, often imperceptible, 100 to 160 in the minute. Mahler

## CHART III.




Case of Pulmonary Embolism.

describes a pulse rate successively rising while the temperature remains low as being pathognomic of impending embolism.

This is shown to advantage in the accompanying chart of a woman's temperature, who ten days after a double radical cure for hernia was seized with pulmonary infarction whilst sitting up in bed. It will be seen that the temperature remained almost constantly subnormal for four days prior to the event while the pulse and respiration were far above the average. Such a thermo-cardiac relationship is certainly the case also during an attack, the temperature which has previously as a rule been pyrexial rapidly falling to subnormal, whilst the heart-beats increase inordinately. Prior to an attack, however, rather the reverse of Mahler's diction seems often to be the rule, since in most charts of such cases in our Reports it will be found that the pulse-rate is somewhat below the average, whilst the temperature remains raised. This is the case in the chart of F. W. already referred to.

On examining the chest of an embolic patient it is seen to move violently and symmetrically, the air entry being unimpaired, the breath sounds loud and raucous, the cardiac impulse is generally displaced somewhat downwards and outwards, the right side being enormously distended, and the left side less so as a rule. The impulse is feeble and very diffuse, extending frequently to the right of the sternum and into the epigastrium. Occasionally in severe and often in slight attacks this right-sided dilation is not marked, and in such cases there is present more lividity than cyanosis, the obstruction being probably not extensive and most of the symptoms due to sudden reflex shock. if the patient survive, the cardiac apex rapidly regains its normal position. On auscultation there may be heard no adventitious sounds, though in two cases recorded a pulmonary systolic bruit developed immediately after the obstruction (not having existed previous to the event) which lasted in both instances for a couple of days and then disappeared entirely. In another a churning noise was audible over the whole præcordia during the attack, apparently similar to that described as present in an embolism. Death may take place during any stage, almost immediately or within the first two or three minutes. If, however, the patient lives certain—

3. *Consequent symptoms* arise.—In the first place, a variety of cerebral manifestations frequently occur, dependent no doubt on malnutrition, from deprivation of oxygen. In several (4) instances fits have been recorded immediately following, of an epileptiform nature, and characterised by general convulsions of a more or less marked degree, with jactation of limbs, facial contortion, and perhaps loss of consciousness. I have already described one such case (F. W.) in full, and so shall not reiterate the details given. Delirium is a comparatively common sequel and may last for several days, a certain degree of coma and unconsciousness, due seemingly to consequent exhaustion and shock, also occurs. With regard to the physical signs following embolism of the lung, they are commonly those of broncho pneumonia, or even more extensive lobar consolidation. Occasionally only a few scattered râles or a small patch of bronchial breathing exist; sometimes indeed there is no evidence of pathological change in the lung at all. Associated with embolic pneumonia, which appears seldom to be of a severe or lasting nature, there is in certain cases (five recorded), hæmoptysis, commonly bright or brick red in colour, and more profuse than in the rusty sputum of the ordinary medical type. Sometimes (in three cases) signs of pleurisy develop at one or both bases, as evidenced by a rub and collection of blood-stained fluid in the pleural cavity. In one instance a pericardial rub followed an attack, and persisted for several days. The temperature, as a rule, remains raised for from three to eight days after embolism, and the patient is generally in a precarious condition whilst the circulatory and respiratory incapacity lasts. It is interesting to note that in a few cases albumen, in small traces, has been found in the urine for several days after the occurrence, and in the instance of F. W. distinct hæmoglobinurea, lasting only a few hours, and albuminurea lasting several days, followed the attack. Both these symptoms probably depend on the enormous congestion of the kidneys at the time from their obstructed venous return. A scarlatiniform rash occurring the day following on the arms, chest and face, and lasting for thirty-six hours, together with loss of vitality of the skin causing no fewer than four subcutaneous injections to produce large superficial sloughs, are also features worthy of remark in this case. Mummery (post-operative treatment) points out the great liability of these embolic patients to the occurrence of bed-sores, and suggests convalesence in a prone position as the remedy.

In describing these symptoms, immediate and consequent, I have placed before you a more or less complete and classical pulmonary infarction. This is, however, rather misleading, as its manifestations vary considerably in different cases.

There seem to be three chief classifications, perhap dependent on the size and extent of the embolism:—

*Firstly.*—The variety just described, where great pain, sudden cyanosis, dyspnœa, profound shock, and frequently rapid death; or if recovery, signs of consolidation, perhaps hæmoptyses and pleuritic effusion. Here the obstruction has probably been extensive.

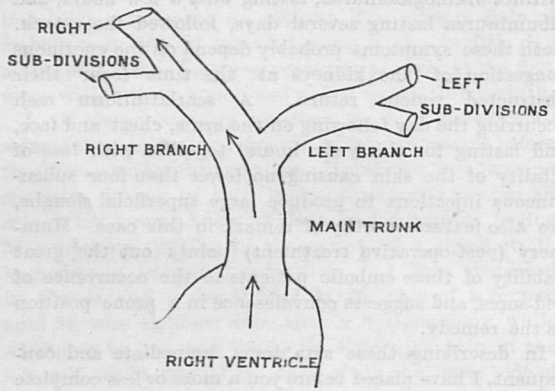
*Secondly.*—A class where there is less pain, little cyanosis but considerable lividity, shock and dyspnœa. Slow death in ten to twenty hours, or a slower recovery with perhaps signs of consolidation. This variety seems to be common in old or cachectic subjects, the embolism being probably not so extensive, and the lividity due to reflex cardiac inhibition secondary to sudden pulmonary obstruction not complete enough to produce profound cyanosis.

*Thirdly.*—A much milder attack where the cyanosis, lividity, and dyspnœa are not intense. There is con-

siderable shock, however, with pain in the lower part of the chest and hypochrondrium, frequently on the right side, followed sometimes by signs of pneumonia and pleurisy. One finds in the Reports many cases similar to this, occurring after operation, in which embolism has not been suspected, though it was possibly the exciting cause, the sudden onset, shock, and pain being more suggestive of embolic than ordinary post-operative pneumonia. In coroboration of this, both Sir Joseph Fayrer and Dr. Lotheisen remark that pulmonary embolism is more frequently encountered post-mortem than recognised clinically.

Before leaving the subject of pulmonary infarction, it is worthy of mention that in a considerable proportion (six out of twenty-nine cases), multiple embolic attacks are recorded, as many as four occurring in a single instance. The mortality seems to be about sixty per cent. It occurs, as do all these vascular sequelæ, most frequently between the age of thirty-five and forty-five; women being particularly prone to such complications.

• DIAGRAM OF THE PULMONARY ARTERY •




Another interesting feature which manifests itself on comparing a large number of embolic cases, is the more usual occurrence of infarction in the right, as opposed to the left pulmonary arterial branches. This is, I think, accounted for by the anatomical differences existing on the two sides (see diagram). Thus, the right main division is larger, longer, and more a direct continuation of the pulmonary trunk than the left, which is smaller, and rather horizontal in its course. The right main sub-division also is larger than its fellow, and continues the general arterial curve, whilst the right lung itself is of larger bulk and demands a greater blood supply. Thus, out of eight recorded autopsies, both branches of the artery were found to be plugged in five; the right in three; the left in none. Again, in eight cases where definite physical signs determined the position of the embolus, both lungs were affected in one instance; the right in five, and the left in three; the total being, therefore—The main and both branches affected in six, the right in eight, the left in three instances. Of the five specimens of pulmonary embolism in our museum, two are of the main and both branches; one of the main and right, and two of the right alone. The two examples at the College of Surgeons show both branches filled with clot.

Before bringing this already lengthy paper to a conclusion, I should like to mention briefly the chief lines of treatment generally adopted in these cases, more particularly with regard to pulmonary embolus.

*Considering the treatment of thrombosis in the first instance, prophylactic measures* are of the utmost importance. Thus, operations should be shunned as far as possible when the patient is in a debilitated or cachetic condition, after pregnancy and severe menstrual hæmorrhage, when albumen is present in the urine, or any septic condition (especially cystitis) co-exists elsewhere in an otherwise healthy person. Drastic purges and prolonged starvation must be avoided under the head of diet. Mr. Mummery draws attention to the fact that a continued milk diet probably conduces to surgical thrombosis by increasing the percentage of calcium salts in the blood, a fact already demonstrated as an exciting cause of thrombosis in typhoid cases (by Messrs. Wright and Knapp). During the operation any factor which depresses the patient's circulation or causes shock, such as prolonged or too deep anæsthesia, particularly with A.C.E. or chloroform; too free handling of abdominal contents, undue loss of blood, &c., and any immediate pressure or trauma of large veins, especially the ligature of venous branches near their entry into main trunks, must be guarded against as predisposing to coagulation. The administration of saline and stimulants is a necessary precaution in cases where such risks are run.

*As regards post-operative treatment.*—Dressings which cause pressure on or constriction of any part, such as badly applied splints and bandages, are most injurious. The position and general condition of the patient should be carefully attended to, air cushions under the buttocks and soft pillows as props to the side in order to mitigate the pressure, supports under the flexed knees, elevation of the foot of the bed and frequent passive changes of position, are recommended by Mr. Symonds to facilitate the venous return and prevent stagnation; absolute quiet for twenty-four to forty-eight hours, followed by gradually increasing movement, are all points of importance. The patient should have liberal nutrition by enemata if necessary, and plenty of fluid and stimulant.

*As regards the actual treatment of thrombosis.*—When it has already occurred, complete rest must be enjoined for from four to six weeks till the dangerous period has been tided over. The affected limb should be raised and immobilised, preferably with sand-bags rather than splints; a flexed position is usually most comfortable to the patient. Tight bandaging, or hot fomentations of opium or belladonna, with plenty of surrounding wool, are often relieving, and should be used with the greatest care and gentleness. The same precaution also applies to other nursing necessities. The administration of purges during the dangerous period should be avoided,

enemata being substituted. General stimulant and tonic treatment and a generous nutritious diet is essential.

Certain drugs are advocated to hasten the absorption of the clot. Potassium and sodium bicarbonates and citrates have all been used in large doses, with varying results. Massage of the affected limb is useful in cases of long standing, when the clot has become organised and no inflammation exists. It improves the tone of the tissues, and promotes collateral circulation.

*As to the treatment of pulmonary embolism.*—Most of the above remarks on that of thrombosis, apply of course also to the prevention of its secondary complication. As regards immediate procedure in such cases, something further may be said. In these conditions all depends on the first few minutes, and therefore not a moment should be lost. In nearly every instance the patient is suffering from profound shock and acute right-sided engorgement of the heart, partly obstructive, partly reflex in origin, with associated dyspnœa and cyanosis. If these be not at once relieved, death will, in all probability, quickly ensue.

The best guides as to the condition are, I think, the degree of dyspnœa and cyanosis, the increased right-sided pulsation and displacement of the heart, the general shock and collapse of the patient. In cases where such symptoms are present, venesection should be immediate, both basilics or a jugular vein being opened and blood let to from ten to twenty ounces. This treatment has been adopted in several cases with excellent result. In that of F. W. the improvement was instantaneous.

Dr. Lees' records are instanced where great relief was obtained by venesection in a case of pulmonary embolism arising from medical causes. He explains the matter thus:—"The removal of blood could not influence the clot in the pulmonary artery, it could only relieve the extreme pressure which the obstruction to the pulmonary artery had caused in the right ventricle."

After venesection the next step is to stimulate the over-strained heart by means of subcutaneous injection of strychnine, digitalis, etc., etc., and to aerate the vitiated blood by continuous use of oxygen during the acute stage of the attack; later it should be continued at intervals as long as the cyanosis lasts.

Oxygen affords infinite relief to the patient and is invaluable in staving off the epileptiform fits which sometimes occur. Embolic patients should be propped up with pillows if orthopnœic, and assured in every way possible. In order to relieve the intense pain which accompanies an attack, morphia may be administered sparingly (grs. $\frac{1}{8}$ to $\frac{1}{4}$ repeated in four hours if necessary) it is of value in quieting down and composing the sufferer. Strychnine given simultaneously, in order to counteract as far as possible the depressing effects of the opiate on the cardiac and respiratory centres, is advisable. After the acute stage is over a routine treatment of complete immobility and repose for from four to eight weeks is essential, the slightest movement or worry may provoke a second and fatal attack. Here also skilled nursing, avoidance of purges, a careful light diet assisted by suppository and nutrient enemata, together with the use of stimulants and iron tonics if indicated, also apply. The liability of these patients to sacral and gluteal bed-sores before alluded to should be borne in mind. Certain drugs already mentioned are said to be active in promoting clot-absorption; other alkalies, especially ammonium carbonate, in doses of from gr. x. to gr. xx. three times daily, given by the mouth, are highly considered by some.

In conclusion, gentlemen, I wish to express my appreciation of your kind indulgence during this long, and I fear tedious recital. I have dealt but lightly with a vast subject and confined my remarks entirely to its more usual and practical considerations, neglecting altogether the rarer phenomena, such as systemic arterial thrombosis and embolism, air embolism, etc., occurring after operation. The question of diagnosis is of necessity also omitted. As to the bacteriology of these conditions, I have had neither opportunity for investigation nor space for its discussion; nor in the present uncertain condition of the whole subject have I dared at all to dogmatise.

I am greatly indebted to the many well-known authors, members of our staff, and others whose advice and assistance I have sought in the collection of cases and completion of this paper. To these I proffer my sincerest thanks.

(Mr. Anderson's Analysis of Cases will appear in our next issue.)

## Guy's Hospital Dental Society.

On Friday, March 17th, the above Society held the last meeting of the Session, the President, Mr. R. Wynne Rouw, occupying the chair. Seven interesting casual communications were brought forward by the following: Messrs. Parrott, Messer, Pierrepont, Wearing, Fuller and Mawer, that shown by Mr. Pierrepont being probably one of the earliest cases of an appliance fitted for a patient who had lost his superior maxilla.

After the discussion of the above the President called upon Mr. F. S. Vine for his paper on "Pyorrhœa Alveolaris." This excellent paper was listened to with great interest, and was followed by a lively discussion contributed to by the President, and Messrs. Forty, Snell, Husbands, Parrott, Fuller, Yates, Wearing, Pearce, Marsh, Hannah, Messer and Mawer, after which the meeting terminated.

## Papers by Guy's Men.

Inaugural Address on the Present Teaching of Practical Midwifery in England. By W. R. Dakin, M.D. Lond., F.R.C.P. Lond.—*British Medical Journal*, March 18th.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Practical Nursing.* By Isla Stewart (Matron of St. Bartholomew's) and Herbert E. Cuff. pp. viii. and 436. (Wm. Blackwood & Sons.) New edition, 5s. net.

This is a new edition of an extremely interesting book for nurses. The authors have striven to arouse an intelligent and not a mechanical obedience to orders—true, a maximum of observation is demanded which is to proceed from a minimum of knowledge, but it is a *sine qua non* of nursing literature to warn against poaching on the interesting preserves of clinical information.

On the whole the teaching is thoroughly sound, but there are some practices which we cannot endorse. For instance, the use of sterilised (?) oil for the lubricating of catheters, and *vaseline* for douche nozzles. The practice of leaving a patient's hair spread out on the pillow to dry, and of giving emetics "promiscuous-like" when the nurse "does not know the poison which has been taken."

Another practice to be strongly condemned is the use of two beds for the nursing of typhoid patients in a private house. The friends of the patient, obviously, would not care to come in contact with infected bed linen, and it would be impossible for two nurses to lift a patient without exposing him to grave and unnecessary risks; when we consider the tenuity of the ulcerated wall of the intestine during the later weeks it seems incredible to think of such a practice being countenanced by those in authority.

The chapters on hot and cold applications and on emergency work will be found especially useful, and we have nothing but praise for the concise and lucid manner in which the book is written.

*Text Book of Medical Practice for Practitioners and Students.* Edited by William Bain, M D. Durh., M.R.C.P. Lond. pp. xxiv and 1011. (Messrs. Longmans, Green & Co.). Price 25s. net.

This new text-book is contributed to by sixteen writers, some of whom are well known, though it is doubtful whether it will oust the other older works which already hold the field. Although written by several people it is not large enough to be used as a book of reference, but can best be compared to Osler or Taylor, both in size and character of its contents.

Each section of the work is preceded by a short article on the anatomy and physiology of the organs whose diseases are discussed in that section, and it is this special feature which the editor claims as justification for a new work appearing at this time. We, however, consider that they are too short to be of much use and moreover that their object is entirely beyond the province of a text-book on medicine. What student is likely to study anatomy from his medicine when he already possesses other and better works on anatomy?

To again compare the work with Taylor, we think that it will find less favour with students as it contains less matter, though we must confess that it is written for the most part in a more readable form. There is less condensation, and reasons for treatment are given rather than long lists of drugs which have been tried. Much more attention is paid to treatment, in fact, than is usual in a work of this size.

Different parts being by different writers are of varying merit, and a want of balance is to be observed between the different sections, for which we suppose the editor is responsible. Fifteen pages are devoted to Diphtheria, which chapter, written by Dr. Biernachi, is one of the best in the book; while Dr. Dixon Mann, whose name is better known in other realms of medicine, includes Acute Rheumatism among the "Metabolic Diseases," and only devotes two pages to it.

The section on Nervous Diseases, by Dr. Risien Russell, is good, as also is a final chapter by Dr. Rose Bradford on the Inter-relation of Organs in Disease. Dr. Herringham writes in an epigrammatic manner which is very taking, and impresses his teaching on the reader: "Alcohol in daily life is merely an appetiser; few men eat with pleasure when they drink water, and pleasure undoubtedly aids digestion."

Pathology when discussed is often treated in a methodical manner; for the cause of uræmia each theory is mentioned in turn, and the causes for and against put in tabular form. Throughout the book there is a tendency to discuss each subject under numbered headings which adds to the clearness and assists the memory.

Dr. Bain has produced a book which, though very good in parts, is of unequal merit, and possibly unnecessary; it will not supersede the already established students' text-books.

*The Surgical Treatment of Facial Neuralgia.* By J. Hutchinson, Junr., F.R.C.S. pp. 151. (John Bale, Sons & Danielssons, Ltd.) 7s. 6d. net.

This interesting thesis contains all that is known at present as to the treatment of Trigeminal Neuralgia, especial attention being paid to excision of the Gasserian ganglion, which operation has proved one of the greatest triumphs of modern surgery and in skilled hands has absolutely cured a hitherto incurable disease.

"Neurectomy and Nerve stretching has never produced a radical cure in a single case" was the dictum of Trousseau in 1868, and Mr. Hutchinson considers that recent advances in the technique of these operations has not improved the results, though he considers that excision of the ganglion should not be attempted until extra-cranial operations have been tried, so long as the neuralgia is confined to one division of the nerve.

Our author introduces the term Epileptiform Neuralgia,—though he confesses that it has no relation to epilepsy—as the name for this severe form of trigeminal neuralgia, the cause of which is unknown, and some confusion is created—as in Sir Victor Horsley's papers—by a list

of possible causes, such as carious teeth, etc. Its pathology also he considers to be unknown, there being no sclerosis or ascending neuritis, though the fact that it often begins in one division and spreads to the others has led many observers to hold the latter explanation.

Horsley's 120 operations contrast strongly with the practice of this hospital where excision of the ganglion has, we believe, only twice been performed—though the results, according to Mr. Hutchinson would justify its more extensive practice. A scholarly monograph on a most interesting subject.

*Elements of Anatomy and Physiology.* By W. Bernard Secretan. pp. xvi. and 74. (The Scientific Press, Ltd.) 2s. net.

This small manual, written by an old Guy's man, is intended for the use of nurses, and is the outcome of some lectures at the Royal Berkshire Hospital. Dr. Secretan is to be highly congratulated on the result of what must have proved a most difficult task—writing an extremely elementary book on two extensive subjects without introducing any extraneous matter. It would have been far easier to write a more advanced work.

The diagrams and illustrations are good, though the section of a typical joint on p. xii. may convey a false impression to the student, as it represents the component bones separated by a large interval. A few footnotes explain the connection with some common pathological facts, and we particularly like the description of Digestion for a pattern of elementary conciseness, confined, as it is, to eight pages.

Nurses preparing for an examination will find this book most useful and well worth acquiring.

*Report of the Board of Health on a Third Outbreak of Plague at Sydney, 1903.* By J. Ashburton Thompson, M.D., President. pp. 15, folio. (W. A. Cullick, Sydney). 1s.

This careful report proves most interesting reading and is a good example of the careful handling of statistics, every possible extraneous influence being pointed out. Large staffs of rat-catchers are employed and a capitation fee offered for each rat brought in by the general public; mice also were treated in the same way during this epidemic, with result that in six months 88,829 rodents were destroyed. Only whole rats are paid for as otherwise one rat could be made to produce two sixpences, accordingly rats that have been partly gnawed are not brought in and so are not counted, and yet many of the plague-infected rats have been partly eaten before they are discovered. Here we have a beautiful instance of the enormous number of problems confronting any investigator who deals with large masses of statistics.

The possibility of mice as well as rats conveying infection has not before been emphasised, and yet in this epidemic 1 in 80 of the rats brought in were found to be infected, and 1 in 120 of the mice.

Dr. Thompson is an old Guy's man, and has provided a most useful contribution to the study of Plague.

## Guy's Hospital Nurses' Choral Society and Students' Glee Club.

The second concert of the season was held on Tuesday, March 7th, in the Court Room, which was effectively arranged for the occasion by Messrs. Barnes and Saltmarsh, and filled by an appreciative audience.

The programme was in two parts, the first of which consisted of a well varied selection of miscellaneous music. An opening was made with Smart's beautiful part-song, "Serenade," excellently rendered by the full choir, Mr. Henry Taylor showing at the outset of what a fine body of voices he was in command. Mendelssohn's "The Merry Wayfarers" was next given by the Students' Glee Club in good style, and Mr. H. Barker followed with a song, "The First Violet," by the same master. Mr. Barker's singing would be immensely improved by a little more distinct enunciation of his words. Nurse St. John next contributed two short songs by Frank Lambert, (*a*) "Because my Heart-wound" and (*b*) "Come close, Beloved," both rendered in most finished style; we look forward very much to hearing Nurse St. John again on a future occasion. The performance of the full choir in Pinsuti's melodious part song, "There is Music," was somewhat marred by lack of contrast, a fault which could easily have been avoided with a little care, for nothing more is needed to obviate the taking of pianissimo passages at a vigorous mezzo-forte. Mr. Alcock gave us Hatton's "Fair is my Love," in his best style, though contending at times with difficulty against a grand piano of considerable power. Nurse Dawson followed with a 'cello solo, and after another of Mendelssohn's part songs by the Students' Glee Club, Sister Lazarus and Nurse St. John gave a pleasing performance of McHardy's duet, "Where art Thou," which was well received. The whole choir came next with Frederic Löhr's "Slumber Song;" this unfortunately lost in colour what it gained in power, in fact, if Mr. Taylor could persuade the excellent material at his disposal to sing occasionally as *softly* as possible, the effects he could produce would, we think, be greatly enhanced. Nurse Margaret Taylor played Raffs' "La Fileuse" with a delicacy of touch and clearness of enunciation which won her well merited applause, and Rev. N. W. A. Edwards, who followed, delighted everybody with his song, though we think we have heard his fine voice to better advantage elsewhere than in our old friend "Hybrias the Cretan." Sister Lazarus came next with "Farewell to Summer," by Noel Johnson, sympathetically sung and well applauded, and Nurse Dickenson rendered two short songs by Carl Bohm in an unaffected style. Messrs. Green, Barker and Robinson gave us Bishop's humorous old trio "Mynheer Van Dunck," and then the first section of the programme was brought to a close with "The Bells of St. Michael's Tower," in which the choir had ample scope for their energies, and gave good account of themselves.

After a short interval the principal work of the evening was entered upon—Stanford's cantata, "The Revenge." The selection of this for performance was, we think, a somewhat bold venture, but the vigour and spirit with which it was attacked went far towards making it a successful one, and spoke well for the energy and enthusiasm of the conductor. There was evident, however, a certain lack of colour and sympathy which can only come of very thorough rehearsal, while the absence of an orchestra, though, of course, inevitable, greatly diminished the effectiveness of the performance. By the way, we cannot help thinking that Sir Richard Grenville, a man who is said to have chewed the wine-glasses during fits of annoyance, must have had a voice to correspond with such a temperament, and, though Sir Charles Stanford no doubt had very good reasons for arranging the parts as he did, the delivery of Sir Richard's vigorous phrases in a high quavering tenor was sometimes not altogether impressive.

Mention must be made of Nurse Margaret Taylor's invaluable aid at the piano, not only in the Cantata, but also during most of the earlier part of the programme. The National Anthem brought a most enjoyable evening to a close.

# Sport.

## Rugby Football.

GUY'S v. ST. THOMAS'S.

Semi-Final.

This match was played at Richmond on Monday, March 6th, before a very moderate attendance, which, however, included several members of the Staff. Guy's lost the toss and kicked off against a moderate wind. The return kick was charged down and a scrum resulted. From this Digby started a passing rush, which went right across the three-quarter line and ended in Stringer scoring far out after three minutes' play. C. E. M. Jones failed at goal. From the kick out, Alcock ran to St. Thomas's twenty-five. Saunders dribbled well down to the line, where McEvedy stopped the full-back's return and St. Thomas's were forced. Husbands' reply to the kick out did not find touch, so we lost a lot of ground, touch being found in our twenty-fives. St. Thomas's now began passing, but with little effect. However, Bingham and his forwards gained a lot of ground, and the three-quarters, gaining possession, almost scored. Husbands saved by good tackling, and McEvedy, Saunders and Williams carried play to the other end of the field, where McEvedy passed to Stringer, who again scored. McEvedy failed to convert. Stringer made a high return from the kick out and put the forwards on side. Some fumbling among our opponents' three-quarters enabled Saunders to dash in and secure. He ran strongly to the full-back, where he passed to Pinching, who scored under the bar. McEvedy converted:—11–0. Saunders and Alcock were now prominent with a dribbling rush, but the latter, in attempting to pick up, knocked on and a force down resulted. A free kick gave St. Thomas's some relief, but Ward, securing from a scramble, passed well to Digby, who set McEvedy, Orpen and Alcock going, with the result that Alcock crossed the line and scored under the bar, although he was nearly pushed out of bounds. McEvedy converted:—16–0. For the rest of this half, St. Thomas's showed up better, and they made repeated good forward rushes. We were mostly kept in our own territory, and McEvedy, Stringer, Husbands and J. P. Jones did a lot of saving. Saunders, who was always prominent, put in some excellent work, and he was well assisted by Ward, Pinching and Williams. However, play remained in our half until half-time.

On re-starting, Saunders returned the kick well out of bounds. Mullins and Pinching put in a good dribble but St. Thomas's full back, Cox, saved more than once in fine style. McEvedy broke through well, but his pass went out of bounds. Then followed a feeble passing rush right across the line in which we lost about ten yards. However, amends were speedily made as Digby initiated a good rush from which Stringer scored. He failed to convert his try:—19–0. Stringer returned the kick-out with a high punt. This was fumbled by St. Thomas's three-quarters, and McEvedy, who seemed to be all over the field at once, secured and passed to Digby, who scored. McEvedy converted:—24–0. Digby and Jones started several good rushes, and Mullins, Ward and Pinching dribbled well, but the full-back, Cox, was equal to most emergencies. From a loose rush, however, Digby made a very pretty short run and scored. McEvedy converted:—29–0. Shortly after this our three-quarters essayed a combined rush, but someone dropped the ball, and McEvedy, running back, secured and dropped a neat goal from just beyond the twenty-five:—33–0 With 33 points against them, St. Thomas's played up a bit, and for the rest of the game play was more even and more interesting. Stringer and Husbands saved well on several occasions, and Saunders, Ward, Williams and Pinching put in some good dribbles. J. P. Jones was hurt about a quarter of an hour from the end and had to retire. Archer went out three-quarter. After some irregular play, McEvedy picked up well and passed to Stringer, who with Archer gained a good deal of ground. A couple of free kicks relieved St. Thomas's, and then Orpen punted over their line and forced them. From this onwards nothing of importance occurred, and Guy's won as stated by 5 goals (1 dropped) and 3 tries (33 points) to 0.

Remarks.—With such a large score it is obvious that the game was very one-sided. However, our men did not have it all their own way all through, for which Bingham, and the full-back, Cox, were largely responsible. A point about the play was the absence of fumbling on our side. Play was scarcely ever stopped on this account, also there were many less free kicks than usual. As to the players, by far the most obvious were McEvedy and Saunders. McEvedy played a really first class game in every respect and was easily the best back on the field. Saunders, after several disappointing

exhibitions this season, was in great form, and seemed to be at the head of everything in the forward line. All the rest of the team did well and no fault was to be found with them. Stringer showed good pace and should be a valuable man next season. Digby and J. P. Jones were smart at half. Ward, Williams, Mullins and Pinching worked very hard all through and were little behind Saunders. Team:—

Guy's.—F. Husbands (back); L. B. Stringer, P. F. McEvedy (captain), L. J. J. Orpen, F. Alcock (three-quarter backs); J. P. Jones, W. E. Digby (half-backs); E. L. Ward, W. G. Pinching, H. R. Mullins, S. McK. Saunders, H. Archer, W. E. Williams, A. Alcock, C. E. M. Jones (forwards).

### GUY'S v. LONDON.

Final Cup Tie.

This match was played on Friday, March 10th, at Richmond. The weather was all that could be desired, and the ground was in perfect condition. About 3,000 enthusiastic spectators followed the game with great interest.

London kicked off against a slight wind. Guy's returned well into touch, and at once started attacking. The forwards set to work with determination, and getting the ball out cleanly, it was sent across to Alcock, who was just pulled up before he could cross the line. Again the ball came out well, but this time Orpen was at fault, the pass going too high for Alcock to take. Our forwards were holding their opponents well and on the line-out were beating them. London rushed the ball down the field, but McEvedy and Stringer relieved with good kicks. Soon after this Alcock made another good attempt to score, but was beautifully collared by Sparrow. The ball was then kicked on to the London line, and Beale, allowing it to hit his legs, Stringer dashed up and scored a try wide out. Jones failed with the kick. After the kick-out Guy's continued to attack; Jones received the ball from Digby, but lost a good opportunity by kicking. After some more good work by the forwards on both sides, Guy's got the ball out, and the halves getting it well away sent it out to Orpen who kicked over the line, Stringer dashed after it and beating all opposition scored another try. Jones made a good attempt to convert. London then kicked out and attacked for a short time. Grogono got the ball well away only to see Lloyd well collared by McEvedy and the ball carried back again. Again London got the ball out, but their centres blundered with the passes. Half-time was called with Guy's 2 tries to nil.

In the second half London had a great deal more of the game than they had in the first half. However, it was only on one or two occasions that they looked dangerous. The Guy's forwards still played a great game, Archer, Williams and Ward being especially prominent. After several hard scrums in neutral territory, McEvedy dashed at the ball from a line-out, and taking it beautifully, ran through the whole London team and scored a magnificent try. Once more Jones made a good effort, just failing to convert. After the kick-out, London for a time had most of the game, again and again their forwards got the ball out only to see a centre drop his pass, or get floored by McEvedy. In one good passing rush Scott almost got over in the corner but was just collared by the Guy's captain. Husbands at this time had plenty to do and did it very well indeed, all his kicks finding touch. Guy's forwards worked the ball back again, and from a scrum Jones passed to Digby, the latter had a splendid chance to drop a goal, but hesitating for a moment, dashed for the line to be pulled back when all but over. Lloyd kicked back to half-way, but good play by Jones on the line-out, and Pinching and Mullins in the loose, took the ball back again. London never again looked dangerous, and after some even play in the centre no side was called with Guy's 3 tries (9 points), London nil.

Remarks.—Guy's played a fine game, but it was quite expected by their own followers that they would. During the cup ties they have scored 102 points to nil. A large amount of their success has been due to McEvedy, who has collared splendidly and passed unselfishly all through. Husbands was reliable and cool. Alcock ran and kicked well, and Stringer seized all the opportunities he had. The halves, Jones and Digby, combined well together, and should make a fine pair. The game was played in excellent spirit, nobody being hurt; the play was vigorous without being unnecessarily rough. All the forwards played at the top of their form; they trained well and played accordingly. They are a very even lot; in their last match Saunders and Williams were especially good, the former being the best forward on the field, and the latter showing that even an old International forward cannot win the game for his side. Team:—

F. Husbands (back); L. B. Stringer, L. J. J. Orpen, P. F. McEvedy, F. Alcock (three-quarters); W. F. Digby, J. P. Jones (halves); S. McK. Saunders, W. G. Pinching, W. E. Williams, H. Archer, A. Alcock, C. E. M. Jones, H. R. Mullins, E. L. Ward (forwards).

## Inter-Hospital Boxing, Fencing and Gymnastic Competition.

The second annual contest took place at the German Gymnasium, on Friday, March 17th. There was a very crowded and enthusiastic audience, and each hospital appeared to have plenty of supporters. E. P. Minett (Guy's) officiated as M.C. The Boxing events showed a marked improvement on last year, and E. Barnett and H. Perkins (Guy's), E. Bennett (St. Thomas's), and H. Woods (London), for light and middleweight, are to be congratulated on two very hard fights.

Boxing:—

The *Feather Weights* was won by Marks (Guy's), Bennett (St. Thomas's) being runner up. Marks was

always the best man, and had his man well beaten half way through the second round.

*Light Weights*:—E. Barnett (Guy's) beat P. Harper (St. Thomas's), this was a very hard and well-fought encounter, and although Barnett was giving away a lot of weight, he managed, by superior generalship and hard hitting, to earn the verdict.

*Middle Weight*:—J. Woods (London) beat H. Perkins (Guy's). This was a ding dong battle all through, and as the judges could not agree on the winner, the Referee gave his vote to Woods.

*Heavy Weight*:—R. Burgess (London) beat Hogarth (Guy's). This was short and sweet, as Burgess had his man in trouble before the first round was over.

Fencing Sticks was won by Oram (Guy's), 1st; Haycraft (Guy's), 2nd.

Foils:—St. Thomas's, 1st place; London, 2nd place.

Gymnastics—The points were awarded as under:—St. Thomas's, 157½; London, 138; Guy's, 136½. The Guy's team for gymnastics was Messrs. Dyson and Reader.

The nett result was London, 15 points; Guy's, 15 points; St. Thomas's, 8 points.

The London and Guy's have decided to keep the Cup for six months each.

## Pavy Gymnasium.

A competition was held on March 14th. Mr. Higgens boxed, and there were a large number of entries.

| | |
|---|---|
| Feather Weight Boxing ... ... ... | Marks. |
| Light Weight Boxing ... ... ... | Marshall. |
| Middle Weight Boxing ... ... ... | Perkins. |
| Heavy Weight Boxing ... ... ... | Hogarth. |
| Fencing Foils ... ... ... ... | Haycraft. |
| Wrestling ... ... ... ... ... | O. G. Iliffe. |

Gymnastics. 1. Dyson. 2. Reader. 3. Gore.

## Papers by Guy's Men.

Fracture of the Anterior Fossa of the Skull involving the Optic and Sixth Nerves. By Laurence Panting, M.D., B.Ch. Oxon.—*Lancet*, March 4th.

Lettsomian Lectures on Toxic Mental Disorders. By George H. Savage, M.D. Lond., F.R.C.P. Lond.—*Ibid.*, 11th March.

On the Diagnosis and Treatment of Hypertrophy of the Pylorus in Infants. By George F. Still, M.A., M.D. Cantab., F.R.C.P. Lond.—*Ibid.*

The Development of the Leishman Body in Cultivation. By Major W. B. Leishman and Captain J. C. B. Statham, R.A.M.C.—*Journal of the Royal Army Medical Corps* for March, 1905.

## Pass List.

### Royal College of Surgeons of England, February, 1905.

FINAL L.D.S.

Part I.—F. L. Aubrey, *H. J. Cole, T. B. R. Ellis, *A. H. Forbes, T. Scott Foster, H. G. Pearce, E. N. Plummer, G. E. Wood.

*Denotes completion of Examination.

## From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

*A., Chadwell Heath.—The sputum contains a moderate number of tubercle bacilli.

H. A. L., Swansea.—This specimen of sputum was non-purulent in character, and no tubercle bacilli were found. PATHOLOGIST.

### Birth.

FAWSSETT.—On the 23rd March, at 228, Fore Street, Edmonton, N., the wife of Frank W. Fawssett, M.B., of a daughter.

### Marriage.

CHANING-PEARCE—CHAPMAN.—On March 1st, at All Saints', Kingston-on-Thames, by the Rev. C. L. Edwards, Vicar of Lingen, Herefordshire, assisted by the Rev. A. S. W. Young, Vicar, David Arnold Chaning-Pearce, M.D., eldest son of Joseph Chaning-Pearce, M.D., of Ramsgate, to Emily Constable, youngest daughter of William Chapman, of Kingston-on-Thames.

### Death.

BROWNE.—On February 21st, at Springhurst, Holmesdale Road, Kew Gardens, Charles Browne, M.R.C.S. Eng., L.S.A., F.R.C.P., aged 72.

Eds.—R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 440.] APRIL 8, 1905. [SIXPENCE.

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## Passim.

THE subject that is uppermost in the minds of all loyal Guy's men at the present time is the Governors' recent appeal for funds, and we feel that it is almost impossible, under the circumstances, to give undue prominence to the same in the present number of the GAZETTE. In every high venture the goal seems easily attainable in the first access of enthusiasm that follows on the commencement of operations, but it is when this enthusiasm has worn off that the difficulties begin to present themselves, and that most of the real hard work has to be done. The present endeavour will, we feel sure, be no exception to the rule. The text of the Treasurer's Appeal was approved by the Committee on February 10th, and in less than two months, in spite of it being a bad time of the year, and in spite of the fact that other deserving charities are making demands on the public purse, the response to the main Appeal has been even heartier than was expected, and some £33,000 (as announced at yesterday's meeting) have been received. But the first instalments are never slow in arriving, and the danger is that people will take this good start as necessarily an earnest of what is to follow. Should such a view of the case be taken by Guy's supporters as a whole, the result will be the inevitable failure of the Appeal. Active and unremitting support for at least twelve months will alone ensure a much hoped for success.

THE meeting of the Special Court of Governors held in the Court Room yesterday afternoon, and to which supporters of the Hospital were invited, is fully reported in another column. It was essentially a business meeting, and the City was well represented from Lord Revelstoke, in the chair, to Lord Rothschild, who proposed the principal resolution. Lord Aldenham, whom many of our readers will remember as sometime President of the Hospital, sent a splendid letter of encouragement, regretting his inability to be present. The Hon. Sydney Holland, chairman of the London Hospital, spoke of Guy's in the kindest manner, and in expressing his appreciation of its excellent work, assured the meeting that for the success of the present appeal for funds, Guy's had the best wishes of all the other

Metropolitan Hospitals, which latter he hoped would be willing to stand down and let Guy's hold the field until it should have collected the necessary funds.

In raising money in the twentieth century, you must adopt twentieth century methods. In spite of this imperative axiom, the Million Shilling Fund was nevertheless an experiment, not an original one perhaps, but it was thought that there might be some who would be found to cavil at the adoption of this method of raising money. It was very wisely decided to waive any possible criticism, and certainly the event has justified such a course of action, for the cloven hoof of the critic is nowhere to be seen. Because a method is modern, however, it by no mean follows that its adoption is a short cut to success. The labour entailed in the management of this fund is nothing less than prodigious. In the office of the Secretary to the Treasurer an augmented staff is working night and day, whilst the Gazette office has also been placed at the disposal of the extra clerks. Every subscription is separately dealt with and a receipt sent to the donor. The subscription list of this fund is published in another column, and since 20,000 cards were distributed it will be seen that the great bulk of these still remain at large. The figures show that out of, roughly, 4,000 supporters, only 160 have as yet succeeded in interesting their friends in the Hospital's appeal. No doubt the remaining 3,840 will not be slow in following in the footsteps of this chosen few.

We have become somewhat accustomed of late to the view that the daily paper is the natural enemy of hospitals and all their works, and in view of this the general chorus of Press approval that greeted the publication of the Appeal was especially gratifying. The *Times*, in a remarkable leader says, "the case of Guy's Hospital is not one which should be regarded only as representative of a class, inasmuch as it stands in many respects alone, and is eminently deserving of special consideration upon its merits . . . . . Guy's Hospital may fairly be regarded as a national institution, almost as an Imperial one . . . . . On the whole the case put forward on behalf of the Hospital could hardly be stronger than it is, and we can scarcely imagine an appeal more entirely worthy of a liberal and favourable response from the country. We say from the country advisedly, because, although the Hospital is metropolitan in its position, it is nevertheless without any local limitation of its usefulness." The other leading daily papers spoke in the same strain, and we can fairly congratulate ourselves on the unanimous appreciation of this Hospital thus displayed on every hand.

The fund, moreover, may count on the whole-hearted support of present Guy's men, Last Tuesday a general meeting of students was held in the Physiological Theatre, the President of the Residents occupying the chair. The meeting was well attended, especially by senior men, and a resolution was passed, each individual pledging himself to support the fund by every means in his power. Subsequently a second resolution was passed by which the meeting expressed the willingness of the men to co-operate in a house-to-house visitation in suitable districts, should the Governors approve of such a plan of action. This proposal has not been definitely submitted to the Governors, but we are in a position to state that the suggestion is highly appreciated by the Treasurer and the business attendant upon yesterday afternoon's meeting of the Special Court of Governors, having been completed, it will be possible for steps to be taken towards the organization of such a house-to-house visitation, should the general official approval of the scheme be forthcoming.

We have no doubt that the men would not have proposed such a scheme had they not fully weighed the pro's and con's, and their eventual decision reflects the very greatest credit on their devotion to the Hospital. Such an undertaking will require the exercise of considerable tact, and each "visitor" will have to be prepared for uncomfortable situations and unpleasant experiences, for it is not to be expected that every householder will be a sympathetic listener to his oft-repeated petition. That men should be willing to make the necessary sacrifice for such a scheme to be possible augurs very well for the success of the fund.

Old Guy's men will be glad to hear that the first subscription received towards the Million Shilling Fund came from one of their number, who by the way fully appreciated the fact that as many shillings as possible (*not necessarily only one*) are looked for with each card.

The going-off dinner held in the College on Friday, March 31st, was as successful as these dinners always have been, and the Residents are to be congratulated on their choice of Messrs. Mollison and Ticehurst as President and Vice-President respectively in the place of the going-off Presidents, Messrs. Bell-Walker and Greaves.

We are very glad that Guy's should be the first holders of the Junior Rugby Cup, and heartily congratulate the 2nd XV. on their victory at Hale End on March 22nd.

The park has ever been at the mercy of the pigeons and the wits, and with the exception of the great and annual efforts to make it presentable for Prize Day, it has always been somewhat of an eyesore from a horticultural point of view. The attempt that is at present being made to grow flowers on this same barren ground will, we have no doubt, meet with general approval, and those who commenced this great work will be public benefactors should any measure of success attend their efforts. That the flowers at present a-blowing and a-growing should show a tendency to droop towards the Nurses' Home is a graceful tribute to the fair sex which has not escaped the notice of those interested in botany and the pursuit of the beautiful.

Many old Guy's men will remember the late E. G. Dutton, who died after a few days' illness at the age of 49, and would like to give their votes and support to his son, Royale Sherborne Dutton, who is a candidate for admission to Epsom College, at the May election.

# Notices.

## Royal College of Surgeons of England.

Notice is hereby given that the next Primary and Final Examinations for the Diploma of FELLOW will commence on Thursday, May 4th, and Friday, May 19th, 1905.

Candidates are required to give not less than fourteen days' notice of their desire to present themselves for either of these Examinations.

The required Fees must be paid three days prior to the Examinations.

March 9th, 1905.

## LICENCE IN DENTAL SURGERY.

Old Regulations.

Notice is hereby given that the next Examination will commence on Friday, May 5th, 1905.

New Regulations.

Notice is hereby given that the first and Second Professional Examinations will commence on Friday, May 5th, 1905.

Candidates are required to give not less than twenty-one clear days' notice in writing of their desire to present themselves for either of these Examinations to the Secretary (Mr. F. G. Hallett), Examination Hall, Victoria Embankment, W.C., from whom all particulars relating thereto may be obtained.

March 9th, 1905.

# Change of Address.

Dr. F, Douglas Turner, from Oak House, Huddersfield, to Essex House, Colchester.

Mr. C. Hoswell Wallis, L.D.S., from 78, Essex Road, to 47, Chapel Road, Worthing.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# Thrombosis of the Lateral Sinus.

CLINICAL LECTURE BY MR. C. H. FAGGE.

December 5th, 1904.

GENTLEMEN,—I want to talk to-day about Thrombosis of the Lateral Sinus. The temporal bone which I have handed round is that of the patient who is our text. A boy, æt. 12, was sent into Barnabas ward under my care at one o'clock in the morning of October 19th of this year, at the request of Dr. S——, of Dulwich, who had been called in in consultation by the patient's own doctor. The child had been ill for three weeks with frontal headache and loss of appetite, and at the onset there was pain and deafness in the left ear. On one occasion, soon after the illness began, blood was discharged from the left ear. On the 18th October he became unconscious; he had been sick once but he had no rigors, no fits, no paralysis, and no otorrhœa. He had wasted excessively. He had not complained of pain in either ear, but Dr. S. thought that the left mastoid region was slightly tender on pressure. Admission was requested by Dr. S. on the diagnosis of meningitis, probably tuberculous. He says, "I wish you would let me have your opinion about the left ear, because on account of the local tenderness I think we ought to exclude the ear as the possible causation of his condition." On admission, the pulse was 120, the temperature 103°, respiration 30. He was in an irritable state of unconsciousness; he resented interference, but would not answer questions. The pupils were dilated and equal, and I could not detect any changes in the fundus. There was no paralysis and the limbs were somewhat rigid. The knee-jerks were exaggerated, but there was no ankle-clonus. The right membrane was normal. In the left meatus there was a little blood, the left membrane was slightly injected and did not bulge. The soft parts over the left mastoid were normal: I could not detect any tenderness on pressure here, and there was no swelling. I did not regard the condition as being very acute.

The abdomen was examined for an enlarged spleen and for typhoid spots, and for any other evidence which might have been in favour of general tuberculosis, but nothing was found. It was thought to be a case of tuberculous meningitis, and later in the day he was transferred to John ward. Just before he was transferred it was noticed that he had right hemiplegia, which included the right half of the face. The Clinical says that on admission his temperature was 103·8°, pulse 112, respirations 32. He was found to have an apical systolic bruit, râles at the bases, and the left pupil was dilated and fixed: there was a right hemiplegia including the face and some rigidity of the neck. One observer considered that there was an early stage of optic neuritis. It was thought to be probably a case of tuberculous meningitis, but because of the possibility of some intracranial suppuration being present, a surgeon was consulted and it was decided to explore the left motor area. The left motor area and temporo-sphenoidal lobe were therefore exposed, but no pus was found, and he died at ten o'clock on October 20th. At the post-mortem was found scattered broncho-pneumonia on the right side, diffuse general suppurative meningitis, and the left lateral sinus was full of foul pus, as you see in the specimen. From the lateral sinus groove you can trace the cario-necrotic process forwards through the antrum into the middle ear. When I dissected this specimen after the post-mortem examination, the middle ear contained some pus but most of it had drained backwards into the antrum and cranial cavity, and the acute condition in the middle ear had subsided.

Thrombosis of the lateral sinus associated with middle ear disease was first recorded by Hooper in 1826.

One must not pretend that lateral sinus thrombosis is only produced by ear diseases. Dr. Pitt, in his Goulstonian Lectures, 1890, found the ear as a cause in only half the cases—22 out of 44. It may be induced by compound fractures of the skull, carbuncle, and other suppurative conditions; but it is of lateral sinus thrombosis as produced by middle ear suppuration that I wanted to speak to-day.

Lateral sinus thrombosis is one of the common intracranial complications of middle ear disease. Körner, among records of 115 cases, found 43 brain abscesses, 41 cases of sinus thrombosis, and 31 uncomplicated cases of meningitis; these are classed under the most prominent pathological condition present, but sinus thrombosis is often associated with the other conditions, so that of the 115 cases there was sinus thrombosis in 52. It is three and a half times as common in males as in females, and, like all complications in middle ear disease, it is most common between the ages of ten and thirty.

One of the points of interest about our case is that it occurred in acute middle ear suppuration, which is a very rare event. Lateral sinus thrombosis is a much more common complication of

chronic middle ear suppuration; as all the other specimens I have on the table testify. The temporal bone is almost always diseased right down to the dura mater covering the sinus. One specimen here came from the dissecting room, and shows a large destruction by caries of the temporal bone down to the groove for the lateral sinus. This other specimen is the only preparation of lateral sinus thrombosis I could find in the Museum, and it shows a large destruction in much the same way. So the next thing I want to lay stress upon, is that the bone is nearly always diseased down to the sinus; which was true in 32 out of 39 cases in one observer's records. In fact, in only four was the bone sound to the naked eye, and in two of these there was an antral abscess. Thus in only two out of 39 cases was there no indication which would suggest that the lateral sinus might be affected.

The modes of extension and the position of the infection are the next points to discuss. You will see in all the specimens I have handed you that the disease extends direct to the sigmoid portion of the lateral sinus, by a well marked caries, easily detected by the naked eye. Another method by which it may extend is by infection of the veins. The little veins of the middle ear pass, as a rule, upwards through the roof of the tympanum into the superior petrosal sinus, and indirectly the lateral sinus may be infected from the superior petrosal sinus and thrombosis result. In this same manner infective emboli may pass from the tympanum into the sinus and be carried onwards into the general circulation, setting up pyæmia without having produced thrombosis of the sinus. This is comparatively rare, and beyond this mention of it will not be considered.

It is very important to realise the association of extra-dural inflammation with lateral sinus thrombosis. I pointed out here once before, that extradural abscess was much more common in acute than in chronic middle ear suppuration. It is the only intracranial complication which is common in acute disease, and it must be in the memory of you all to have seen cases of extradural abscess in which the abscess was situated just over the lateral sinus groove in the posterior fossa, an abscess which is called, from its position, peri-sinuous. Such an extradural abscess, or granulations in the same position may lead to infection of the sinus with which they lie in contact. The most common position of infection of the lateral sinus is in that part which is called sigmoid, in its vertical part where it lies on the inner surface of the mastoid portion of the temporal bone, and is only very slightly distant from, and immediately behind the mastoid antrum. Rarely the jugular bulb, which, you will remember, lies in the deep groove on the under surface of the petrous portion of the temporal bone, will become directly infected from the tympanum which lies immediately above it. Occasionally the mastoid emissary vein allows septic emboli to pass through it from an external subperiosteal abscess, and so the lateral sinus may become infected from outside.

When thrombosis occurs there is a tendency for the thrombus to extend in both directions; that is to say, with and against the blood-stream. Cases are recorded in which, against the blood-stream, thrombosis has extended as far as the Torcular Herophili, and even the opposite lateral sinus has been found to be thrombosed. Thrombosis may also extend by means of the superior petrosal sinus to the cavernous sinus, but it most often extends into the jugular vein, which is, of course, with the blood-stream.

The two specimens I have passed round indicate very well the next point, and that is the chronicity of many cases, and the great resistance of the dura mater and the endothelial wall of the sinus to the infective process. So preparations are preserved in which there is evidence that the lateral sinus has been in contact with necrotic or carious bone for two or three years without becoming infected. In both the specimens spoken of above, I pointed out there was diseased bone down to the sinus groove, but apparently neither individual died of infection of the sinus.

Thrombosis in the lateral sinus is usually complete; the whole lumen of the vessel is obstructed. At either end of the thrombosis the clot is solid and probably aseptic, and in the centre if, as in this case, there is a septic infection from the middle ear, where the clot breaks down and may be converted into pus. But there is another condition, parietal thrombosis of the lateral sinus, when the whole lumen is not obstructed, and that is important, because in those cases there is no reason why septic material should not be freely carried into the general circulation. In fact, in the typical lateral sinus thrombosis, the blocking of the vessel with a septic clot may actually localise the septic infection, and obviate the formation of metastatic or pyæmic abscesses.

When the lateral sinus is thrombosed, and extension along the jugular vein results, the infection may extend down the neck along the

carotid sheath with enlargement of the lymphatic glands of the neck, and so an abscess may be produced, which, pushing forward the pharynx, must be classed among post-pharyngeal abscesses. It is well to bear in mind that a post-pharyngeal abscess may be secondary to pus in the lateral sinus by infection of the jugular sheath.

The lesions which are found at operations or at post-mortems associated with lateral sinus thrombosis are general suppurative lepto-meningitis, and cerebral or cerebellar abscess. Thus, in my case, death was not due to infective thrombosis of the sinus directly, but was due to a further complication, general suppurative meningitis.

The actual pathology of lateral sinus thrombosis depends, of course, on the nature of the original infection; but these cases are nearly always streptococcal. In my case, unfortunately, no cultures were made.

Now let us discuss the symptoms, and here we will contrast the usual symptoms of the disease with those of the case under discussion. The first symptoms are cerebral, which are due to two causes, (1) the presence of an inflammatory process in the posterior fossa, and (2) the obstruction of the blood-stream returning from the brain. The first cerebral symptoms are headache and vomiting. The headache may be diffuse or one-sided; its position does not help one to localize the lesion producing it. In the case we are discussing headache was at first frontal and later quite general. One point about the vomiting associated with lateral sinus thrombosis as opposed to that of abscess, whether cerebral or cerebellar, is that when the sinus is infected vomiting may be present during the first few days, but afterwards ceases. It is not usually a symptom which persists throughout the whole illness. Loss of consciousness is not present in uncomplicated lateral sinus thrombosis. The coma in our case was no doubt due to the meningitis.

These cerebral symptoms, which you may call the subjective symptoms of lateral sinus disease, are naturally greater in children than in adults. In children occasionally delirium or convulsions may be induced. The other symptoms are optic neuritis, choked disc, and nystagmus, due to mechanical or inflammatory interference with the cerebral circulation.

Jansen is of opinion that optic neuritis is much more common with lateral sinus thrombosis than with meningitis or with abscess. So if you suspect a secondary intracranial complication following ear trouble and there is marked optic neuritis, it is most likely to be thrombosis of the lateral sinus, but optic neuritis is most constant in lateral sinus thrombosis complicated with meningitis. Optic neuritis never seems to me of very great value clinically in the differential diagnosis of the intracranial complications of middle ear suppuration, because there is no doubt it is present fairly commonly whenever there is pus in the posterior fossa: it therefore gives no help in deciding whether the pus is extradural, intradural, or in the cerebellum. And the most unsatisfactory thing is that when you are trying to make your diagnosis optic neuritis is often not present, though it will perhaps become marked some weeks afterwards. As an instance of what I mean I might quote the case of a girl who was in Ruth ward about two months ago with an extradural abscess, which was found during an operation for an acute mastoid disease. Fortunately we examined her discs before operating and found early optic neuritis. We should not have missed the extradural abscess, I think, because it was so obvious; one simply had to scrape away carious bone until one came to dura mater covered with granulations and pus. The child did very well indeed, but a fortnight later, when the wound was healing, and her general condition was so good that she was running about the park, her optic neuritis was well marked.

It is a very difficult question to dogmatize upon, but I think that in the case we are now discussing there was no optic neuritis, or only so slight a degree that it would be of no diagnostic value. Again though the inflammatory process had been going on fairly acutely in the posterior fossa for three weeks, there was no nystagmus.

The external perceptible signs of thrombosis are rather difficult to put down on paper. One of the most valuable is due to thrombosis of the mastoid emissary vein, which may become infected by extension of the thrombus, and will give rise to local pain, œdema, and even to an abscess over the mastoid process. Associated with this there may be infiltration with pain in the neck muscles.

I remember very well, some years ago, a case of lateral sinus thrombosis, and it characteristically showed the next sign, which is œdema of the eyelids, and swollen veins on the face: we thought at first that it must indicate cavernous sinus infection, but the same symptom has been recorded by others, and is a definite sign of lateral sinus thrombosis, though its causation is not clear. Sometimes the external jugular vein is swollen, either by extension of the thrombus into it, or because, as

the internal jugular is blocked, more blood has to pass through it.

I think the most characteristic sign in the neck of lateral sinus thrombosis is the cord-like feel of the internal jugular, due to phlebitis and periphlebitis, and this is naturally associated with much local tenderness.

While this, when present, is a valuable sign, we must beware of confusing it with a comparatively simple enlargement of the infra-mastoid lymphatic glands, frequently seen with middle ear suppuration in children; this gives rise to a tender painful swelling in much the same position as commencing infection of the jugular vein, but of course does not demand the same immediate active treatment. Nevertheless, a hard tender cord running down the neck is very suggestive of secondary infection of the internal jugular vein.

Pain on movement of the head, especially to the opposite side, may be present with lateral sinus thrombosis, and the head is often drawn to the affected side, but this is not peculiar to this complication. If the disease extends downwards from the lateral sinus towards the jugular bulb there will be compression of the nerves which pass through the jugular foramen, with secondary paralysis of the parts supplied by them; so pressure on the 10th cranial nerve may cause hoarseness and loss of voice, slow pulse, and death from respiratory failure; from pressure on the 11th are found cramps in the sterno-mastoid and trapezius muscles; and from the 9th, difficulty in swallowing.

But I suppose the most common method by which lateral sinus thrombosis is diagnosed is by attention to the last, or third set of symptoms, those due to pyæmia.

Pyæmia may arise from the middle ear, independently of lateral sinus thrombosis, that is, from what is called osteo-phlebitis—inflammation of the veins of the petrous bone, to which I have referred above. So if pyæmic symptoms are associated with middle ear disease you must not necessarily argue that there is lateral sinus thrombosis.

Pyæmic fever, rigors, enlarged spleen, increased pulse, and diarrhœa—symptoms common to pyæmia however produced—are all present in lateral sinus thrombosis. You know the features of the pyæmic temperature—sudden rises and sudden falls, intermittent or remittent, the highest point, 105° perhaps, and the lowest possibly 98°, and this is often associated with rigors, which may last from a few minutes to an hour or two, after which the temperature falls, and the patient perspires freely.

Körner, whose work I have referred to previously, draws attention to the frequent occurrence of an enlarged spleen in lateral sinus thrombosis. Diarrhœa, increased rapidity of the pulse, and occasionally jaundice are the signs we have to think of as pyæmic, suggesting thrombosis of the lateral sinus when associated with middle ear suppuration. The temperature chart in pyæmia is, as you will see, quite different from that of typhoid; there is the great variation in the temperature at different times of the day, generally in the morning and evening. But it is a chart which is often seen with tuberculous meningitis or with miliary tuberculosis. Rigors are very suggestive of pyæmia, especially when they are repeated, and would be of help in eliminating typhoid, miliary tuberculosis, or tuberculous meningitis, from which we must diagnose thrombosis of the sinus. Diarrhœa may lead to the suspicion of typhoid, but the pulse-rate is greater in lateral sinus thrombosis than it is in typhoid; in fact, the rapid pulse would rather suggest miliary tuberculosis, tuberculous meningitis, or pyæmia from another cause.

Besides pyæmic symptoms metastatic deposits may be discovered which at first appear as inflammatory swellings and soon break down. And when we talk about metastatic infection in lateral sinus pyæmia we have to recognise that they are nearly always present in the lungs, for Hessler found that the lungs were missed in only 10 out of 238 cases in which there were metastatic abscesses in this disease. Other positions in which they may exist are in the muscles and in the liver, more rarely in the kidneys and spleen. In the lungs the common signs are those of a small superficial local consolidation, which breaks down; sometimes these areas do not break down, and you get a very definite localised infarction as a complication of lateral sinus thrombosis. Pleurisy and pyopneumothorax are complications which may end fatally, and suppurative meningitis and brain abscesses are also common associated pathological conditions.

The case which forms the subject of this lecture was typical in that its duration was about three weeks; the average duration of a case of lateral sinus thrombosis is two to four weeks. The patient may die in a week or nine days, but commonly lives longer. This may help you somewhat, because, if you came upon a case which had already lasted longer than four weeks, you would be probably justified in excluding lateral sinus thrombosis.

The subjects of the condition may die in several ways. Death may be due, as in this case, to meningitis or cerebellar abscess. They may die of pyæmia, with metastatic abscesses, from septic intoxication, from hæmorrhage from the sinus, or from vagus paralysis, due to pressure. Though lateral sinus thrombosis is rare—I think I have come in contact with only about six cases—it has been my experience that the majority of them die of pyæmia with metastatic abscesses.

As I have tried to point out, when the otorrhœa is not overlooked, lateral sinus thrombosis will be usually diagnosed with little difficulty by the associated pyæmic symptoms. If your attention is drawn to the ear at first, and there is pyæmia, the obvious thing is to connect the two. The mistake I made in this case was, that I did not find out that the ear was the cause of his illness. If there had been chronic otorrhœa I should have been suspicious of the patient having lateral sinus thrombosis, but the difficulty of the case, even if I had thought of this possibility, would have been the absence of any rigors.

It is clear that the diagnosis must be made from other causes of pyæmia, and when the cerebral signs are prominent it must be distinguished from cerebral abscess. Much headache and vomiting, slow pulse, subnormal or slightly raised temperature, cerebral latency or coma, would suggest abscess rather than lateral sinus thrombosis. Headache, vomiting, and optic neuritis may be present in both diseases. I am paying attention to the differential diagnosis between lateral sinus thrombosis and brain abscess because it was clear from the report of the Clinical on this case that it was considered possible that the patient had a cerebral abscess, and so the temporo-sphenoidal lobe was explored. You must undoubtedly make your diagnosis from typhoid, from meningitis, and from general tuberculosis, and I have tried to point out some points of differentiation between them and sinus thrombosis when I spoke above of the chief symptoms in detail. After a good deal of discussion on the lines of what I have said, one authority says: "But if the ear symptoms are not prominent, diagnosis is impossible." So sometimes you can only arrive at a provisional diagnosis.

Körner records 79 cases of lateral sinus thrombosis, 41 of which lived—all were cured by operation. The operation is conducted on the usual lines; the antrum is opened and the middle ear cleared out, as in the radical mastoid operation, and as there is usually a carious track leading backwards you simply follow the disease and may find that the lateral sinus is covered with granulations. If it is thrombosed it usually is thickened and feels hard, and often the sinus does not stand out but is depressed: the dura mater over it may be softened, and pus may be seen lying within it from sloughing of its wall.

I wish to suggest, in a case in which there is bone disease extending backwards to the lateral sinus, possibly causing an extra-dural abscess, and there is any doubt about the condition of the lateral sinus, that you should open the lateral sinus freely. A case has recently been in Ruth ward in which I did this, and though the sinus was normal no ill resulted, and the patient did well. I think it is always less risky than leaving the possibility of a septic sinus, which may give trouble later.

The final point we have to discuss is, Shall the jugular vein be tied? Körner's records show 41 cases in which the jugular was tied with 25 recoveries, which is 61 per cent. as contrasted with 42 per cent. of recoveries when it was not tied. He thinks that the lateral sinus should be opened up and that the infected clot should be removed in both directions until firm clot is reached, and that added to this at the same operation, the jugular vein should be tied low down in the neck, below the point at which the omohyoid crosses the carotid sheath. Other equally eminent opinions seem to be against routine ligature of the jugular vein. There is no doubt that many cases have recovered in which the jugular has not been tied; but theoretically the advantages of it seem to outweigh the disadvantages. The theoretical advantages are that you can remove or wash out all the septic clot from the lateral sinus. The best method is to expose the jugular vein low in the neck, and having applied two ligatures as far distant from one another as possible, to remove the intervening portion of the vein. Having done this, wash out from above the lower portion of the lateral sinus and the upper portion of the jugular vein with some mild antiseptic, or with sterilised water, so that the whole septic thrombus is cleared away. McEwen argues against this, that the course of the blood-stream in some of the small intracranial sinuses is reversed by this procedure, and so pyæmia may be induced by the driving on of septic material into the general circulation, but there seems to be no clinical evidence in support of this.

In conclusion, in the treatment of lateral sinus thrombosis, I should urge you, in opening

the mastoid abscess, to operate freely, and to follow the disease down to its furthest limits. If you find the lateral sinus thrombosed you should open it, clear out all the clot, and tie the jugular vein: you need not be afraid of bleeding from an uninfected lateral sinus, for if it is healthy the hæmorrhage can always be easily controlled by plugging, and the gauze plugs can be safely removed from two to four days later when the ends of the vessel will be found firmly shut up by healthy thrombus.

In some eight cases in which I have opened the sinus for diagnostic purposes or as a precaution, I have had no trouble with hæmorrhage, and no evil has resulted from opening a healthy sinus through a septic wound.

## De Profundis ad Excellcissima.

A little worm among the books,
In scanning Oscar Wilde,
Deep into "de profundis" looks
And finds *a little child*.

Inheritor of honoured name,
Not honour comprehending,
In shamelessness uncovers shame
And thinks his name is mending.

The pious world was duly shocked,
But eager read the papers.
In prison fast they had him locked
Outcast of fellow japers.

But five years' cycle brings about
A weird degeneration.
The multitude who kicked him out
Kneel down in veneration.

The prison cell has changed his heart,
In fact has made atonement;
Henceforth he'll bear the martyr's part,
Await a great enthronement.

Our fathers' tales of punishment
Are lost in evolution.
Man works his own salvation out
And seizes absolution.

A prison life, a tragic end,
An act of self negation,
Will vilest reputation mend.
An all complete oblation.

SENEX SED NON SENILIS.

## The Hospital Appeal.

### MEETING IN THE COURT ROOM.

#### First List of Donations.

A Special Court of Governors, to which the Staff, Donors and others had been invited, was held yesterday afternoon in the Court Room of the Hospital. Lord Revelstoke presided, and opened the proceedings by calling upon the Treasurer to read the following letters:—

Marlborough House,
Pall Mall, S.W.,
31st March, 1905.

Dear Bonsor,

The Prince of Wales desires me to let you know how much pleased he was with his visit to Guy's Hospital on Monday last.

Though, as you know, the visit of the President was entirely a surprise one, there was nothing His Royal Highness saw to which he could take the slightest exception, and he considers such a state of things reflects great credit on all concerned.

His Royal Highness trusts that the fact of this efficient working and good administration of Guy's Hospital will beneficially affect the Appeal for increased funds which the Hospital has recently made to the Public.—Believe me, Yours very truly,

ARTHUR BIGGE.

10, Downing Street,
Whitehall, S.W.

My Dear Cosmo Bonsor,

I am extremely sorry that pressure of public business makes it impossible for me to be present at the Special Court of Governors on Friday next, called to consider the Appeal in favour of Guy's Hospital.

The Meeting has my warmest sympathy, and I sincerely trust that the Appeal will be a successful one.—Yours sincerely,

ARTHUR JAMES BALFOUR.

St. Dunstan's,
Regent's Park,
April 5th, 1905.

My Dear Bonsor,

I saw Lord Revelstoke to-day, and told him why I should not be able to be present at the meeting at Guy's to-morrow. I am very sorry for it, for as an Ex-President of the Hospital I should have felt it my duty to be there, had it not been for a three weeks' old engagement.

I am very much pleased to hear how successfully the subscription has opened, and I have no fear but that the example so set will be followed by all who have any interest in that portion of London, and by multitudes whether in London or elsewhere, who are interested in Hospital work generally.

It cannot be but that the knowledge of the efforts that have been made heretofore, and that are being made to-day will stimulate others to complete the work which we have at heart of restoring the finances of the Hospital diminished by no one's fault, but needing now augmentation rather than restoration, owing to the beneficent developments which in late years have been made in its work.

We may not get all we want in the immediate future, but good deeds and charitable deeds have a tendency to reproduction, and we may hope—as I do—that your labour as Treasurer may before long be in the pleasant field of Abundance rather than in that of Scarcity.

Pray tell my friends and colleagues that I much regret my inability to be with them, and believe me always, sincerely yours,

ALDENHAM.

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The Treasurer also announced letters of regret and encouragement from the Bishop of Rochester, Mr Alfred Beit, the Hon. Sydney Holland, Hon. Walter Rothschild, Lord Henry Bentinck, M.P., Mr. Julius Wernher, Sir Joseph Dimsdale, Dr. Frederick Taylor and Col. F. A. Lucas.

Lord Revelstoke: I may be allowed to explain shortly how this meeting came to be called. The question naturally arose as to the most appropriate manner in which we might express our thanks to the donors whose names appear on the first list of subscriptions. The Governors have always felt that the importance of the work performed by this great Institution and the necessity of augmenting its endowments by support from the general public have only to be known to secure their prompt recognition. For this reason it was felt that no more fitting course could be adopted than to hold a public meeting here, close to the spot where our distinguished Founder lies at rest amid the strenuous life and energy of his great Charity, and, while signifying our gratitude to those who have so promptly responded, to appeal to the general public to follow their example and aid us in carrying on our work. Our aim is to complete the labour of the past ten years, and to restore Guy's Hospital to that sound financial position in which it was placed by our distinguished Founder. He did all that lay within his power, both by weath and intelligence, and for generations the benefits of his Charity have been freely bestowed, benefits which have been shared, not alone by those "poor persons" whom Thomas Guy had nearest to his heart, but indeed by every class of society. It is to the high efficiency of Guy's Hospital and the constantly increasing demands upon it that the need for additional support beyond its original endowments is due; and there is no hospital in London which is more essential to the well-being of our great population than that on whose behalf I have the honour to appeal. For its due preservation and full activity, we need a capital sum of £100,000, and an increase in our ordinary income of at least £15,000 per annum. The former amount is required to provide the balance of the cost of works indispensable in themselves, and also to give effect to the humane desire of His Majesty the King that all the wards in this Hospital should be open for the reception of the sick poor. The Governors are most grateful to H. R. H. the Prince of Wales for the tribute he has paid to the efficient working and good administration of Guy's Hospital. It is a tribute which has been confirmed by the Council of King Edward's Hospital Fund for London, by all expert critics, and by the Press. And here let me say that the praise bestowed upon us by the Press is not a perfunctory compliment, but the result of sound knowledge acquired by inspection and enquiry. The representatives of the Press have been good enough to tell the public that the case put forward on behalf of the Hospital could not be stronger, nor any Appeal more deserving of a liberal and favourable response. I am very glad to have the opportunity of thanking them for their powerful aid, and of expressing our appreciation of the sympathy and approval which our efforts have met with in every quarter, without exception. The first list of donations which the Treasurer will announce to you will, I am confident, considering the short time we have been at work, be regarded as exceedingly generous. We have indeed every reason for encouragement and satisfaction, but let me add the reminder that this is the beginning, not the end, of the matter. There must be no relaxation of effort till the last farthing of the needful amount appealed for is forthcoming, and this may mean a task which cannot but be long and arduous, unless, indeed, some generous

benefactor should be moved to an act of munificence which would entitle him to rank with our illustrious Founder in his claim on the gratitude of his fellowmen.

Lord Rothschild: Lord Revelstoke, ladies and gentlemen: When you kindly invited me to be present here to-day to help you in your endeavours to raise the necessary funds to carry on this great Institution, I accepted with very great pleasure, for I wished to testify my undoubted admiration for the admirable way in which this Hospital is carried on, and not only did I wish to testify my admiration of the Hospital itself, but I wished to testify my gratitude to the long roll of illustrious men who have been educated in the School of Guy's Hospital, and who, by the learning and ability they acquired here, and by the attention which they have shown to their patients outside the Hospital, have bestowed the best happiness upon endless members of the community. In looking over the various papers which you, Mr. Cosmo Bonsor, were kind enough to give me, I notice that one reason why you call upon the public to respond to your Appeal most generously is, because no portion of the funds of Guy's Hospital is devoted to its School of Medicine, and that that School of Medicine is self-supporting. I have no doubt this argument which you have put forward will weigh with a good many people, but I myself have very strong doubts whether the present momentary excitement about medical schools is justified in the interests of the hospitals. Those who subscribe to hospitals, and those who have their welfare at heart, should remember that if it were not for their medical schools, and all the arrangements connected with these schools, the cost of the great hospitals would be increased a good deal, and therefore all those who criticise the small amount of money "diverted" (as they say) from the general upkeep of the hospitals to the medical schools are ignorant, or wish to be ignorant, that the presence of those medical schools diminishes in a great way the cost of the hospitals; and the experience which the students get in these schools enables them to carry out their great profession in the world much better than if educated in a medical college (supposing such a thing were possible) far away from actual suffering and disease. I hope that the excitement in connection with this point will die out, and that we shall see nothing in the future to interfere with the general and wise way in which our hospitals have hitherto been carried on. The case of Guy's is, I am afraid, very much like that of a great many old charities. Guy's was founded years ago and relied on an income which was derived from landed investments. That income has fallen off; but not only has that income fallen off, but the demands upon the Hospital have increased, the number of patients is more numerous, and not only is the number of patients more numerous, but the advance of science and of medical and surgical knowledge entails greater expense in the treatment of each patient. I will only add that I hope and trust that your best wishes will be realised, and heartily propose "That this Meeting of Governors and Supporters of Guy's Hospital earnestly commends the present Appeal to the immediate and practical recognition of the whole community throughout London and the Provinces."

The resolution was seconded by Mr. A. C. Cole, supported by Mr. Frank Debenham, and by

The Hon. Sydney Holland, Chairman of the London Hospital, who expressed his intense good feeling towards Guy's, the deep pleasure it gave him to be present, and the deep sympathy he had with those of us who were engaged in the odious task of begging. Nothing was more onerous, nothing more difficult, and there was nothing one got so much abused for. He trusted other hospitals would stand down and give Guy's a free field this year, so that its Appeal might have every success. He desired to offer his tribute to the way in which the work was done at Guy's. We must not be alarmed, we who are responsible, at the craze for doing everything as cheaply as possible. Our duty was to set an example of how the work *should* be done. Let us remember that all the doctors we turn out, all the nurses we train, ought to see how the work should be done, not only how it could be done. Guy's was setting a splendid example of how work should be done. It was to be remembered that Guy's was situated in one of the very poorest corners of this great country, and it was absolutely essential that the poor people, who were created by the same God, who breathed the same air, who had the same love for father, mother, and children as ourselves, should have every chance of recovery, and this could not be done unless Guy's did its duty. A long illness was impossible for a poor man; a surgical operation was impossible for a poor man; therefore, Guy's, in the continuance of its duty, was doing a most noble work. He hoped as earnestly as he possibly could that the public would respond generously to an appeal against which nobody could say anything.

The resolution having been carried with acclamation, the Chairman called upon—

The Treasurer: Before proceeding to read the list of donations I should like to refer to one or two matters which have not as yet been dealt with, and which demand mention. I wish to acknowledge and make known the sympathy and unanimous support which the efforts of the Governors have received from the whole of the Medical and Surgical Staff of the Hospital. Not only is this the case, but the Staff make a large annual contribution to the funds of the Hospital; an act of generosity on their part which I regret was not brought out in evidence before Sir Edward Fry's Committee on the financial relations between the London Hospitals and their Medical Schools. And help from our own people is not limited to the Staff: Old Guy's men, Present Students and the Nursing Staff are all rendering spontaneous and welcome help. With the valuable aid of Guy's Hospital Gazette they have enabled us to start an ambitious scheme in the form of a Million Shilling Fund, and our students some six hundred in number acting on their own initiative have pledged themselves to an organised canvas of South London.

Surely there could not be better testimony than this to the deserving nature of our case. A word more concerning the Million Shilling Fund. Fifty thousand pounds raised in this way must mean a host of contributors. Our own people are giveng it a right good start either themselves or through their friends, but we shall shortly have to commend the Fund to general support. Our first method has been to distribute remittance cards and envelopes in which contributions of one or more shillings may be forwarded direct to the Hospital Then we have prepared large lists for collections in offices and business houses. These I hope will be much in demand, and I am happy to state that the Bank of England has set the example by asking for fifty. Large donations are our natural desire, but we shall need the many small ones too, and what I want to point out is this, that through the Million Shilling Fund we have provided a way in which almost everyone may take a useful and honourable part in the great work of restoring financial prosperity to Guy's Hospital.

The Chairman then announced the first list of Donations as follows :—

| | £ | s. | d. |
|---|---|---|---|
| Alfred Beit, Esq. | 4,000 | 0 | 0 |
| Messrs. N. M. Rothschild & Sons | 3,000 | 0 | 0 |
| Robert Fleming, Esq. | 2,000 | 0 | 0 |
| The Bank of England | 1,050 | 0 | 0 |
| Right Hon. Lord Revelstoke | 1,000 | 0 | 0 |
| Messrs. J. S. Morgan & Co. | 1,000 | 0 | 0 |
| C. H. Goschen, Esq. | 1,000 | 0 | 0 |
| Messrs. C. J. Hambro & Son | 1,000 | 0 | 0 |
| "J. M." | 1,000 | 0 | 0 |
| Messrs. Speyer Bros. | 1,000 | 0 | 0 |
| Walter Cunliffe, Esq. | 1,000 | 0 | 0 |
| L. A. Wallace, Esq. | 1,000 | 0 | 0 |
| Charles Morrison, Esq. | 1,000 | 0 | 0 |
| Sir Frederick Wills, Bart., M.P. | 1,000 | 0 | 0 |
| The Worshipful Company of Mercers | 525 | 0 | 0 |
| Frank Debenham, Esq. | 500 | 0 | 0 |
| Sir Mark W. Collet, Bart. | 500 | 0 | 0 |
| The Worshipful Company of Fishmongers | 500 | 0 | 0 |
| A. F. Wallace, Esq. | 500 | 0 | 0 |
| J. Herbert Benyon, Esq. | 500 | 0 | 0 |
| Sir Charles Tennant, Bart. | 500 | 0 | 0 |
| Rt. Hon. Lord Aldenham | 500 | 0 | 0 |
| Messrs. Anthony Gibbs & Sons | 500 | 0 | 0 |
| Julius Wernher, Esq. | 500 | 0 | 0 |
| H. Cosmo O. Bonsor, Esq. | 500 | 0 | 0 |
| "Colgrain" | 500 | 0 | 0 |
| The National Provincial Bank of England, Ld. | 262 | 10 | 0 |
| The London & County Banking Co., Ltd. | 262 | 10 | 0 |
| Messrs. R. Raphael & Sons | 250 | 0 | 0 |
| A. C. Cole, Esq. | 250 | 0 | 0 |
| Messrs. L. Messel & Co. | 250 | 0 | 0 |
| S. Hope Morley, Esq. | 250 | 0 | 0 |
| Messrs. Emile Erlanger & Co. | 250 | 0 | 0 |
| Messrs. Frichling & Goschen | 250 | 0 | 0 |
| The London Joint Stock Bank, Ltd. | 210 | 0 | 0 |
| Rodolph A. Hankey, Esq. | 200 | 0 | 0 |
| Charles Barclay, Esq. | 105 | 0 | 0 |
| Messrs. Price & Pierce | 105 | 0 | 0 |
| J. C. Eno, Esq. | 105 | 0 | 0 |
| The Bank of Australasia | 105 | 0 | 0 |
| Messrs. Mullens, Marshall & Co. | 105 | 0 | 0 |
| The Guardian Assurance Co., Ltd. | 105 | 0 | 0 |
| Sir Frederick Wigan, Bart. | 105 | 0 | 0 |
| William Asch, Esq. | 105 | 0 | 0 |
| William Carnelly, Esq. | 105 | 0 | 0 |
| C. H. Thomas, Esq. | 100 | 0 | 0 |
| W. N. Stocker, Esq. | 100 | 0 | 0 |
| J. G. A. Baird, Esq., M.P. | 100 | 0 | 0 |
| Reginald E. Johnston, Esq. | 100 | 0 | 0 |
| Lord Henry Bentinck, M.P. | 100 | 0 | 0 |
| Props. of "The Daily Telegraph" | 100 | 0 | 0 |
| Right Hon. Lord Biddulph | 100 | 0 | 0 |
| John S. Gilliat, Esq. | 100 | 0 | 0 |
| Sir W. Cameron Gull, Bart. | 100 | 0 | 0 |
| Abel Henry Smith, Esq., M.P. | 100 | 0 | 0 |
| Messrs. Ricardo & Robertson | 100 | 0 | 0 |
| Henry B. Hohler, Esq. | 100 | 0 | 0 |
| Sir George Livesey | 100 | 0 | 0 |
| Messrs. W. H. Smith & Son | 52 | 10 | 0 |
| Messrs. Peek, Frean & Co., Ltd. | 52 | 10 | 0 |
| Rt. Hon. Lord Wolverton | 52 | 10 | 0 |
| Simon Symons, Esq. | 52 | 10 | 0 |
| Messrs. Anderson, Anderson & Co. | 52 | 10 | 0 |
| Messrs. J. C. & C. W. Morice | 52 | 10 | 0 |
| M T. Martin, Esq. | 50 | 0 | 0 |
| Capt. the Hon. H. H. Molyneux, R.N. | 50 | 0 | 0 |
| C. R. G. Hoare, Esq. | 50 | 0 | 0 |
| F. H. Norman, Esq. | 50 | 0 | 0 |
| Mrs. Evans | 50 | 0 | 0 |
| "Lancastrian" | 50 | 0 | 0 |
| Frank Bibby, Esq. | 50 | 0 | 0 |
| Sir E. D. Stern, D.L. | 50 | 0 | 0 |
| C. Czarnikow, Esq. | 50 | 0 | 0 |
| Jackson Hunt, Esq. | 50 | 0 | 0 |
| Sir Charles A. Hartley, K.C.M.G. | 50 | 0 | 0 |
| Ald. W. Vaughan Morgan | 50 | 0 | 0 |
| The Rt. Hon. Sir Joseph Dimsdale, Bart., M.P. | 50 | 0 | 0 |
| Lt.-Col. Sir Frederick W. Carden, Bart. | 26 | 5 | 0 |
| English, Scottish & Australian Bank, Ltd. | 26 | 5 | 0 |
| Mr. and Mrs. E. H. P. Eason | 25 | 0 | 0 |
| Rt. Hon. A. J. Balfour, M.P. | 25 | 0 | 0 |
| Hon. Evelyn Hubbard | 25 | 0 | 0 |
| Messrs. Down Bros., Ltd. | 25 | 0 | 0 |
| Fitz Reiss, Esq. | 25 | 0 | 0 |
| John A. Fielden, Esq. | 25 | 0 | 0 |
| Capt. M. A. Laing | 25 | 0 | 0 |
| Peter Williams, Esq. | 25 | 0 | 0 |
| Amounts under £25, including First list of contributions to the Million Shilling Fund | 1,030 | 8 | 0 |
| | £33,002 | 18 | 0 |

The meeting closed with a vote of thanks to the Chairman, proposed by General Sir Richard Harrison, seconded by Mr. R. Clement Lucas.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## First List of Collections.

(Received up to Wednesday, April 5th, 1905.)

| Name. | Shillings. |
|---|---|
| Adams, Miss S.—Anon. 4; Anon. 3; Anon., 2 ... | 9 |
| Adamson, Miss C. G.—Miss Adamson ... ... | 1 |
| Air, S. H. C.—Mr. and Mrs. Tennent ... ... | 5 |
| Alcock, A.—Mrs. Andrew ... ... ... ... | 2 |
| Allison, G. F. E.—F. O. Loesch ... ... ... | 5 |
| A. M. N. ... ... ... ... ... ... | 5 |
| Anson, Miss L. F.—H. A. Horton, 40; Miss W. F. Anson, 240, Miss Cooper, 5; Arthur W. Anson, 21; Miss Anson, 100 ... ... ... | 406 |
| Archbold, Miss C.—B. Dimond, 10; W. H. Ellett, 5; J. Hicks, 1; R. Evans, 2 H. J. M., 1; A. L. Francis, 5; Mrs. M. A. Reay, 2 ... ... | 26 |
| Ash & Co., Ltd., Messrs. (Printers of the *Gazette*) Employées ... ... ... ... ... ... | 200 |
| Astley Cooper, Sister—Miss A. L. Stevens ... | 2½ |
| Baer, F. M. ... ... ... ... ... ... | 21 |
| Baker, Miss B.—Miss Baker, 5; J. Baker, 3; Miss E. M. Baker, 3 ... ... ... ... ... | 11 |
| Balderstone, Dr. R.—Miss Whitfield, 5; Miss B. Potter, 1 ... ... ... ... ... ... | 6 |
| Beale, H. G.—F. R. Nugent, 42; W. M. Taylor, 7; Friends, 15 ... ... ... ... ... ... | 64 |
| Bentley, R. J.—Rev. G. S. Little, 10; Mrs. and Miss L. Duris, 3 ... ... ... ... ... | 13 |
| Berry, Dr. J. B.—Mrs. H. G. Vinten, 7; F. A. Tayleur, 5 ... ... ... ... ... ... | 12 |
| Bigg, Dr. Edward ... ... ... ... ... | 21 |
| Bingham, Mrs.—Mrs. Gilson ... ... ... | 2 |
| Bishopp, Dr. F. R. B. Miss E. Lushington, 5 ... | 5 |
| Bonsor, B.—York House, 3; J. Full, 1; Mrs F. Clarke, 5; E. E. C., 5; Malden Hockey Club, 11; H. M. Merriman, 16 ... ... ... ... | 41 |
| Bosworth, Dr. J. R. — Mrs. Field, 26; Miss Field, 20 ... ... ... ... ... ... | 46 |
| Brereton, Miss K. B.—Lady Fulton ... ... | 5 |
| Bright, Sister—Miss Hunter ... ... ... | 90 |
| Brock, Dr. E. H.—L. Kutch ... ... ... | 2 |
| Brocklehurst, Mrs.—J. W. Theobald, 10½; Miss M. Theobald, 10½ ... ... ... ... ... | 21 |
| Brodrick, Dr. C. C.—Mrs. T. Rowe ... ... | 1 |
| Burgess, Miss A.—Mrs. Maunders, 1; J. W. Maunders, 1 ... ... ... ... ... ... | 2 |
| Cadell Miss—R. Ridler, 2½; C. Naylor, 1; T. Keigh, 2½; Mr. Sagg, 1½; J. Long, 1; W. H. Bavin, 1; W. Richman, 1 ... ... ... | 10½ |
| Cairhill, Miss—Miss A Breton ... ... ... | 17 |
| Cameron, H. C.—F. Dyer, 105; Frederick Link, 100 | 205 |
| Cazenove, Dr. W. R.—Collection, 16; Anon., 5 ... | 21 |
| Clay, Dr. Challoner—Mrs. Grainger ... ... | 5 |
| Carried forward ... | 1283 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 1283 |
| Clifford, Miss—Miss Bevan, 1; C. E. Stevens, 5; F. W. H., 20 ... ... ... ... ... | 26 |
| Cole, Miss ... ... ... ... ... ... | 42 |
| Collins, Miss—Mrs. D. Wakeford ... ... ... | 10 |
| Collins, E. A.—Sydney L. Howard ... ... | 10 |
| Collins, Dr. M. A.—Miss Clark ... ... ... | 10 |
| Conway, Miss ... ... ... ... ... ... | 1 |
| Cook, Miss E. ... ... ... ... ... ... | 10 |
| Cope, Miss E. B.—Mrs. Cliffen ... ... ... | 5 |
| Cordeaux, Mrs.—Mrs. G. Gilman ... ... ... | 1 |
| Counsell, Dr. H. E.—M. K. S. ... ... ... | 2 |
| Crowe, Miss E.—C. Gatehouse, 1; Miss S. Gatehouse, 1 ... ... ... ... ... ... | 2 |
| Dancket, Miss L. E.—Dr. A. H., 1; F. J. S., 1; A. H. D., 1; H. M. S., 1 ... ... ... ... | 4 |
| Davis, Miss ... ... ... ... ... ... | 10 |
| Davies, L. G.—Alex. Spencer, 42; J. T. Green, 63 | 105 |
| Day, Dr. W. L.—E. G. Renny ... ... ... | 1 |
| Densham, Miss C. M. ... ... ... ... ... | 10 |
| Dickens, Mrs. ... ... ... ... ... ... | 10 |
| Dickenson, Miss—J. S. Lielckend ... ... ... | 2 |
| Dimond, Mrs. H.—Miss E. Yates ... ... ... | 2 |
| Dixon, Mrs.—Anon., 5; Anon., 1; S. Dixon, 21 ... | 27 |
| Dobson, Dr. T. H. B.—A. R. Sladen, 100; J. M. Sladen, 100; Mrs. Heywood, 40 ... ... ... | 240 |
| Dodgson, Mrs.—C. Dodgson ... ... ... ... | 21 |
| Dorcas, Sister—A. Williams, 42; Miss Roberts, 5; Mrs. W. Nutter, 5; Mrs. Groom, 10; Miss Maynard, 20; "R," 2 ... ... ... ... | 84 |
| Dottridge, Miss—Miss Herring ... ... ... | 5 |
| Downes, Miss M. L. ... ... ... ... ... | 21 |
| Duke, Dr. Frederick—O. E. Bennett, 5; Five Friends, 5; Mrs. Swain, 5; Miss Tompkins, 5; Dr. F. Duke, 21 ... ... ... ... ... | 41 |
| Duke, Dr. Roger—F. Duke, 5; Miss A. Sellman, 1; Dr. Roger Duke, 10 ... ... ... ... | 16 |
| Du Sautoy, Miss—Mrs. C. Du Sautoy, 1; C. M. Challis, 1; B. Du S Antis, 1 ... ... ... | 3 |
| Edmonds, Miss H. —Mrs. J. J. Clark, 3; Miss E. Clark, 2 ... ... ... ... ... ... | 5 |
| Eldridge, Miss S. E.—S. E. G., 1; F .G. B., 1 ... | 2 |
| Eleanor, Sister—W. Jennings ... ... ... | 5 |
| Elsie, Sister—Mr. Dobbs, 1; Miss M. L. Stamp, 5; Thankoffering, 100; Sister Elsie, 5 ... ... | 111 |
| Esther, Sister—C. G. Clapham ... ... ... | 5 |
| Evelyn, Sister—Mrs. Garrett Anderson, M.D., 21; Mrs. J. Roxburgh, 5; Mrs. Budden, 5; J. H. Brooks, 5 ... ... ... ... ... ... | 36 |
| Evison, Dr. F. A.—Miss Henson, 4; Miss Atkinson, 21; E. F. Braithwaite, 21; Miss A. B. Saward, 3; Mr. Watson, 1. ... ... ... | 50 |
| Faull, Miss—Mrs. and Miss Faull ... ... ... | 10 |
| Felton, Dr. E. H. ... ... ... ... ... | 21 |
| Ferrier, Dr. J. C.—Mrs. Snell ... ... ... | 5 |
| Finnemore, Miss K. E —Mrs Kennedy, 20; Mr. Ypey, 2½; Mrs. Rollings, 1; Nurse Caroline, 1; Mrs. Luxmore, 1; Mr. Woodrowe, 20; Miss L. Owen, 1; Mrs. Mullins, 2; Miss Owen, 2½; Mrs. Rogers, 2½; Mr. Morris, 5; Mrs. Brindley, 5; Mr. Hovil, 10; Mr. Mitchell, 10; Mrs. Barnett, 10; Mr. Caffin, 10; Dr. Smyth, 5½; Mrs. Pope, 20; Capt. Nocke, 40; Mr. Shackle, 21; Mr. A. K. F. Duncan, 21 ... ... ... ... | 210 |
| Foord, Mrs. H.—Anon. ... ... ... ... | 1 |
| Fraser, Miss—G. H. Williams ... ... ... | 2 |
| Freer, C. C.—S. A. Coxon ... ... ... ... | 1 |
| Carried forward ... | 2468 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 2468 |
| Galton, Dr. J. H.—Misses Leo, 20; Miss Jones-Parry, 21; J. H. Galton, M.D., 500 ... ... | 541 |
| Gann, Mrs.—Miss R. Lelen ... ... ... ... | 1 |
| Garside, Miss—Miss E. Barratt, 2; W. Barratt, 2 | 4 |
| Gibson, Dr. J. H.—R. Bateman, 21; H. H. Gotelee, 5; W. Robertson, 10 .. ... ... | 36 |
| Goodwin, Dr. Arthur ... ... ... ... ... | 20 |
| Grateful Patients ... ... ... ... ... | 5 |
| Greaves. Dr. C. H. ... ... ... ... ... | 21 |
| Grimwood, Miss—Mrs. Randall, 1,; H. A. Randall, 1 ... ... ... ... .. ... ... | 2 |
| Grundy, Miss E. B.—Miss Penton ... ... ... | 10 |
| *Guy's Hospital Gazette* ... ... ... ... | 1000 |
| Hall, Miss J.—H. Frowde, 20; B. E. Frowde, 5... | 25 |
| Hammond-Smith, Dr.—Mrs. A. Smith, 1; Miss E. Smith, 1; A. H. Smith, 1 ... ... ... | 3 |
| Hankey, Mrs. Rodolph ... ... ... ... | 100 |
| Harper, R. S.—B. H. Metcalfe ... ... ... | 10 |
| Harvey, Miss—A patient ... ... ... ... | 7 |
| Harvey, T. R.—Christopher Harvey ... ... | 20 |
| Heath, Miss—A. J. Ferry ... ... ... ... | 42 |
| Henderson, H. G.—F. W. Zurhorst, 10; Mrs. Elliott and Mr. Henderson, 5; Mr. and Mrs. Cutbill, 10 ... ... ... ... ... ... ... | 25 |
| Hertz, A. F.—Mrs. Halle, 40; A. F. Hertz, 200 ... | 240 |
| Heselden, Mrs.—Mrs. G. Osborn ... ... ... | 1 |
| Higson, Dr. J. R.—Collected on Stock Exchange by W. M. Graham ... ... ... ... ... | 178 |
| Hogarth, Dr. C. W.—A. M. Rattle ... ... ... | 3 |
| Holman, Miss B.—Colonel Thompson ... .. | 20 |
| Hughes, Miss J. E.—Miss E. L. Ramsay ... ... | 1 |
| Hughes, Miss—R. C. Wood ... ... ... ... | 10 |
| Hunt, Miss C. ... ... ... ... ... ... | 42½ |
| Isolation, Sister—Friends, 37; Mrs. Carmichael, 21 ... ... ... ... ... ... ... ... | 58 |
| Jenkins, Miss—collected by J. Jacob ... ... | 20 |
| Jower, H. L.—R. Rodgers, 20; D. Pencellier, 5 ... | 25 |
| Joyce, Miss—Mrs. Norris, 2; Miss M. Goude, 10... | 12 |
| Kate, Sister—P. R. Neale ... ... ... ... | 21 |
| King, Miss—Mr. and Mrs. J. W. W., 2; K. J. C., 1; P. Mills, 2½ ... ... ... ... ... | 5½ |
| Kitching, Miss R.—Miss E. Sheffield ... ... | 21 |
| Knaggs, Dr. Samuel—T. A. Brooke, 100; W. Booth, 20; T. J. Hirst, 100; Anon., 2 ... ... | 222 |
| Knight, Miss A.—Mrs. Warde Aldam ... .. | 5 |
| Law, Dr. W. T.—Miss G. Butler, 5; Miss Plumer-Price, 10 ... ... ... ... ... ... | 15 |
| Layton, T. B.—Miss Levi ... ... ... ... | 5 |
| Lawrence, Miss E. C. ... ... ... ... ... | 5 |
| Leas, Miss—Mrs. Leas ... ... ... ... ... | 5 |
| LeFebre, Miss—A. Chalk, 1; C. Melton, 2; H. J. M., 1 | 4 |
| Leigh, Miss—O. F. Wyer ... ... ... ... | 1 |
| Lobb, E. L. M.—R. H. Tholman ... ... ... | 21 |
| Louisson, M. G.—Mrs. Symmons ... ... ... | 5 |
| Lowdell, Dr. S. P.—Mrs Bevan, 2; A. C. Sutherland, 1; S. P. Lowdell, 20 ... ... ... | 23 |
| Lydia, Sister—Lady Evans, 63; Miss P. Farrar, 20 | 83 |
| Lyne, W. H.—Mrs. St.L. Carter ... ... ... | 2 |
| Macdonald, Dr. W. D. ... ... ... ... | 4 |
| MacKay, Miss—Sir J. R. G. Sinclair, 20; Mrs. F. B. Owen, 21; H. & H. F. Bisley, 300 ... ... | 351 |
| Malleson, H. C.—Lady Measom ... ... ... | 21 |
| Martha, Sister—Miss Amy Atkins ... ... ... | 5 |
| Martin, Dr. J. P.—Quebec ... ... ... ... | 42 |
| Masters, Vivian.—R. Masters, 14; Miss A. Masters, 5 ... ... ... ... ... ... | 19 |
| Carried forward ... | 5836 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 5836 |
| Maybury, A. V.—Mrs. G. Gillet, 5; Mrs. Young, 40 | 45 |
| Merrett, Miss—Friends ... ... ... ... | 15 |
| Mills, Miss—N. B. Mills, 1; G. Mills, 1; H. C. B., 1 | 3 |
| Moore, Miss C.... ... ... ... . ... | 5 |
| Munson, Miss—Miss F. Langridge ... ... ... | 1 |
| Nation, Miss ... ... ... ... ... ... | 5 |
| Page, Miss—R. W. Oates ... ... ... ... | 5 |
| Palmer, B. H.—F. B. Palmer, 21; H. Palmer, 20 | 41 |
| Palmer, Mrs. Hayes—Mrs. Rye, 1; M. J. Y., 1; M. I. M., 1 ... ... ... ... ... ... | 3 |
| Palmer, H. C.—F. B. P. ... ... ... ... | 21 |
| Parker, Dr. F. H.—H. M. Younghusband ... | 2 |
| Parkhouse, Mrs.—C. B. Brett ... ... ... | 1 |
| Parrott, A. W.—Scarus ... ... ... ... | 10 |
| Pearse, Miss L.—Miss Heward, 5; L. E. Marsh, 3; A. E. Schleicher, 3 ... ... ... ... ... | 11 |
| Penfold, Dr. F. W. H. ... ... ... ... | 20 |
| Perriam, Miss J. M.—Mrs. Solway ... ... ... | 5 |
| Pollard, Miss S. F.—L. W. ... .... ... ... | 1 |
| Pollard, Dr. G. S.—Mrs. H. Hayes, 20; Miss Davis, 42 ... ... ... ... ... ... | 62 |
| Prest, Miss—H. V. Underwood, 1; M. Bromwell, 2; C. C. Moncrieff, 1; Payne Jennings, 2; H. Moncrieff, 2; J. C. 5 ... ... ... ... | 13 |
| Proctor, Miss—H. J. Munday, 2 ... ... ... | 2 |
| Pugh, H. C.—Miss Worn ... ... ... ... | 1 |
| Purse, Miss C. ... ... ... ... ... ... | 2 |
| Queen, Sister—Misses Strakers, 2; Miss F. Vadgham, 5; Mrs. Clark, 4; F. Sleet, 1; Mrs. Jenner, 1; Miss Macartney, 1; Mrs. Brandon, 1; S. J. Vousley, 1; E. Seymour, 1; M. Fowler, 1; A. Reeves, 1; Mrs. Barker, 2; Mrs. Ladley, 2 ... ... ... ... ... ... ... ... | 23 |
| Rahim, Dr. B. J.—N. Foxwell ... ... ... | 5 |
| Rand, Dr. John—A. G. Rand, 1; Mrs. C. Emson, 1; Miss Woodham, 1: Mrs. D. Wentworth, 1; Mrs. Hopkins, 1; E. H. Rand, 1; Dr. John Rand, 21 .. ... .. ... ... ... | 27 |
| Ray, Miss—G. H. Noyce ... ... ... ... | 1 |
| Reeves, Mrs.—Mrs. E. Syrett ... ... ... | 2 |
| Richards, Dr. Owen—Miss Poland .. ... ... | 10 |
| Richardson, Dr. Horace—Mrs. H. Kersey, 5; Miss M. Richardson, 3 ... ... ... ... ... | 8 |
| Richardson, Miss—Mrs. Drake ... ... ... | 10 |
| Rippmann, C. H.—H. Rippmann, 100; C. E. Schwintze, 21 ... ... ... ... ... | 121 |
| Roberts, R.—Mrs. Jones ... ... ... ... | 1 |
| Roe, Dr. E. E.—Mrs. Roe ... ... ... ... | 20 |
| Roffey, Mrs. ... ... ... ... ... ... ... | 44 |
| Rogers, Miss A. ... ... ... ... ... ... | 5 |
| Rogers, Miss A. M.—Miss A. Walker, 2; Mrs. E. A. Wallbridge, 10; S. K. Reid, 2½ ... ... | 14½ |
| Rogers, Miss K. H. ... ... ... ... ... | 5 |
| Roome, A. M.—W. J. Peall ... ... ... ... | 21 |
| Roots, Dr. W. H.—Colonel C. Curtis, 20; Miss Price, 10 ... ... ... ... ... ... | 30 |
| Ruth, Sister—J. H. Kay, 10; A. Bingrove, 1; G. Allum, 4: W. Armitage, 10; M. Barclay, 20; G. H. Edgecombe, 200; T. B. Keigley, 20; Sir T. Brooke, 40 ... ... ... ... ... | 305 |
| Samuel, B. B.—W. S. S., 1; J. S., 1; G. G. Hayward, 5; E. E. and T. T. Hayward, 10 ... ... | 17 |
| Schnittger, Miss—Miss M. Dowling ... ... | 1 |
| Sharp, H. V.—L. Dixon ... ... ... ... | 10 |
| Shooter, Miss—Mr. and Mrs. McLean, 2; E. F. C., 1 | 3 |
| Slack, Miss—Anon. .... ... ... ... ... | 2 |
| Carried forward ... | 6795½ |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 6795½ |
| Smith, Miss F. E.—G. C. Heskett ... ... ... | 1 |
| Smythe, Miss—Mrs. W. Haynes ... ... ... | 5 |
| Speyer, Miss—Miss Rowsell, 1; Miss Woolfall, 1; Miss Cole, 1; Mrs. Clapham, 1; Miss Rowsell, 2; Sir Alma Tadema, 6 ... ... ... ... | 12 |
| Spiller, Miss—L. G. Spiller ... ... ... ... | 1 |
| Spink, Miss—Mrs. Power, 10; J. H. Power, 10: L. and D. Power, 10 ... ... ... ... | 30 |
| Spurrell, Dr. C. ... ... ... ... ... | 100 |
| Stamper, Dr. G. C. ... ... ... ... ... | 100 |
| Stedman, Miss E.—Mrs. Asquith, 5; Anon, 2½; Miss N. Paul, 1; C. J. Wood, 1 ... ... ... | 9½ |
| Stevens, Miss—Miss Hewitt ... ... ... | 3 |
| Stevens, Miss E.—Lady M. Coventry, 1; Lady G. Howard, 1; Mrs. E. Awdry, 1 ... ... | 3 |
| Stone, Miss—Grateful Patients, 7½; W. N. Stone, 5 | 12½ |
| Stone, Miss E. A.—Lady Wyndham ... ... | 5 |
| Strathern, Mrs.—Anon, 20; Mrs. Ross, 10; J. Martyn, 3; Mrs. Hovles, 5 ... ... ... | 38 |
| Surgery Sister—Mrs. F. B. Smart, 5; Mrs. Milburne, 5 ... ... ... ... ... ... | 10 |
| Symonds, Mrs. C.—Mrs. A. Chambers ... ... | 20 |
| Taunton, Miss M.—J. M. Gough, 5; Anon, 3 ... | 8 |
| Taylor, Mrs. F.—H. E. Spalding, 1; Mrs. H. Taylor, 1 ... ... ... ... ... ... | 2 |
| Taylor, Mrs. H.—Mrs. B. Park ... ... ... | 2 |
| Thurston, Dr. E. W.—W. A. Valon, 42; E. W. Thurston, 21 ... ... ... ... ... | 63 |
| Ticehurst, Dr. A. R.—Etchingham ... ... | 2 |
| Todd, Miss—R. C. Wood, 10; Miss Cromie, 5; J. H. Talbot, 10 ... ... ... ... ... | 25 |
| Towsey, Mrs. ... ... ... ... ... ... | 1 |
| Towsey, Miss M.—Miss E. L. Towsey ... ... | 1 |
| Turner, T. ... ... ... ... ... ... | 20 |
| Umney, R. ... ... ... ... ... ... | 10 |
| Upham, Miss ... ... ... ... ... ... | 30 |
| Wacher, G.—Mrs. W. J. Dyer, 10; Mrs. Thomas, 5 | 15 |
| Walker, Miss A. L.—S. Woodhead ... ... ... | 1 |
| Waterman, Miss—R. C. Wood, 10; Lt.-Col. E. J. Paul, 105; E. Williams, 5 ... ... ... | 120 |
| Watson, J. N.—Mrs. H. Clutterbuck, 21; H. H., 1; A. J., 1 ... ... ... ... ... ... | 23 |
| Weighell, H. J.—Mrs. E. A. Weighell ... ... | 5 |
| Welchman, W.—Anon. ... ... ... ... | 4 |
| Weston, Miss—Miss Brookwell ... ... ... | 1 |
| Whelon, C. E.—Mrs. Whelon ... ... ... | 1 |
| Whiteman, Miss A.—C. E. H. ... ... ... | 1 |
| Willis, Dr. R. ... ... ... ... ... ... | 5 |
| Witchell, Miss A.—Mrs. Irving and family, 5; F. Fisher, 100 ... ... ... ... ... ... | 105 |
| Wood, Dr. C. ... ... ... ... ... ... | 21 |
| Worthington, Miss J. ... ... ... ... ... | 4 |
| Wright, Mrs.—S. O. Manlove ... ... ... | 10 |
| Yeates, Miss E.—G. Lawrence ... ... ... | 2 |
| Collections from sources outside the Hospital ... | 227½ |
| Total (up to 5th inst.) ... | 7855 |

Second and subsequent lists of individual collections will be indicated by numbers in the left hand margin.

## Papers by Guy's Men.

Cases of Intussusception in Children treated by Laparotomy. By Charles Herbert Fagge, M.S., F.R.C.S.—*Annals of Surgery* for March, 1905.

## Correspondence.

*To the Editor of* Guy's Hospital Gazette.

### The Teaching of Obstetrics.

Sir,—It has been in my mind for some time to address the following letter to the Gazette; I have only omitted doing so, because of waiting for more experience in order that my remarks should carry more weight. My contention is this:—that the average student leaves the hospital with no practical experience in the use of forceps and other manipulative proceedings of obstetrics so common and of such importance to the general practitioner. My remarks bear on a period of five years ago, but I think I am correct in assuming that extern work is still carried on in the same way now as then. While I was at the hospital, before becoming qualified, I attended 100 cases of midwifery in the Charity, and not once did I see instruments used. Of course it will be argued that I never had a case requiring their use and I might have thought so then, but not now.

As I look through my notes of those cases, I see several in which the patient, if forceps had been used, would have been saved several hours of unnecessary pain, in which the perineum would most probably not have torn, and from which I could have gained that experience of so much importance.

I remember there used to be some talk of Guy's priding itself in having such a small number of forceps cases. I do not know whether this was an absolute fact, but if the application of instruments was withheld for any such reason, or from some subtle theory of asepsis, then I can only say that the patients are not humanely treated, and the teaching of practical obstetrics fails in an important part. I will quote one case to show the method in vogue in my time; I hope it has altered. I was called to attend a primipara, and after waiting two hours with the head immovable in the vagina, I sent for the Junior Charity, who thought it a case for instruments, and went to inform the Senior; word was brought back that I was to "sit tight" for another couple of hours: I did so, and the child was born just as I was going to send again, the perineum tearing, because it had become œdematous from pressure. This is only one case, but many of a like nature could be quoted.

It seems to me, that if the Junior Charity were allowed to superintend the use of instruments in all low forceps cases, and the Senior were called to the high forceps cases, and those requiring other interference, he at the same time might superintend some of these, so that students would be turned out practical obstetricians instead of having to gain their experience off private patients.

I must apologise for trespassing so much on your space, but I feel strongly in this matter having been through "the mill." The average student is able to

gain practical experience in medicine and surgery in all branches of use to the G. P., yet in obstetrics students are turned out little better than present day midwives. This seems to me an evil that ought to be remedied.—Yours faithfully,

Leicester, DOUGLAS BRYAN.
March 25th, 1905.

## Advertising.

Dear Sir,—Much has been said of the new methods of advertising since the *Times* commenced to boom its Encyclopædia, but I think that the enclosed shows a genius for advertisement not excelled by any production of modern days.

The sign-board on which it was printed had to be removed, but I have been unable to find out whether this was due to any action taken by the British Medical Council in forbidding the author, who was a "Surgin," to advertise himself.—Yours truly,

March 17th, 1905. "ANTIQUARY."

Copy of an Old Sign-board at the Old Curiosity Shop, Falmouth, Cornwall.

ROGER GILES,
Surgin, Parish Clark and Skulemaster,
Groser and Hundertaker.

Respectably informs ladys & gentlemans that he drors teef without waiting a minit, applies laches every hour, blisters on the lowest tarms, and vizicks for a penny a peace. He sells Godfathers kordales, kuts korns, bunyons, doctersh osses, clips donkies wance a munth, & undertakes to look after every bodies nayls by the ear. Joesharps, penny wissels, brass kanelsticks, fryin pans, and other moosical hinstruments hat greatly reydooced figers. Young ladys and gentlemans larnes their grammur, and langeudge in the purtiest mannar, also grate care taken of their morrels and spelling. Also zarm singing, taycbing the base vial, and all other sorts of fancy work, squadrils, pokers, weazels and all other country dances tort at home and abroad at perfekshun. Perfumery and snuff in all its branches. As times is cruel bad I begs to tell ee that i has just beginned to sell all sorts of stashionery, ware, cox, hens, vouls, pigs, and all other kinds of poultry, Blackin-brishes, herrins, coles, scrubbin-brishes, traykel, & godley bukes and bibles, mise-traps, brick-dist, whisker-seeds, morrel pokkerankchers, and all zorts of swatemaits including taters, sassages, and other garden stuff, bakky, zizars, lamp oyle, tay kittles, and other intoxzikating likkers, a dale of fruit, hats, zongs, hair oyle, pattins, bukkits, grindin stones, and other aitables, korn & bunyon zalve and all hardware, I as laid in a large assortment of trype, dogs mate, lolipops, ginger beer, matches and other pikkles, such as hepson salts, hoysters, Winser sope, anzetrar—Old rags bort and sold here and nowhere else, new laid eggs by me Roger Giles; zinging burdes keeped, sich as howles, donkies, paykox, lobsters, crickets, also a stock of a celebrated brayder.

*P.S.*—I tayches gography, rithmetic, cowsticks, jimnastics, and other chyneestricks.

## Motor Cars for Medical Men.

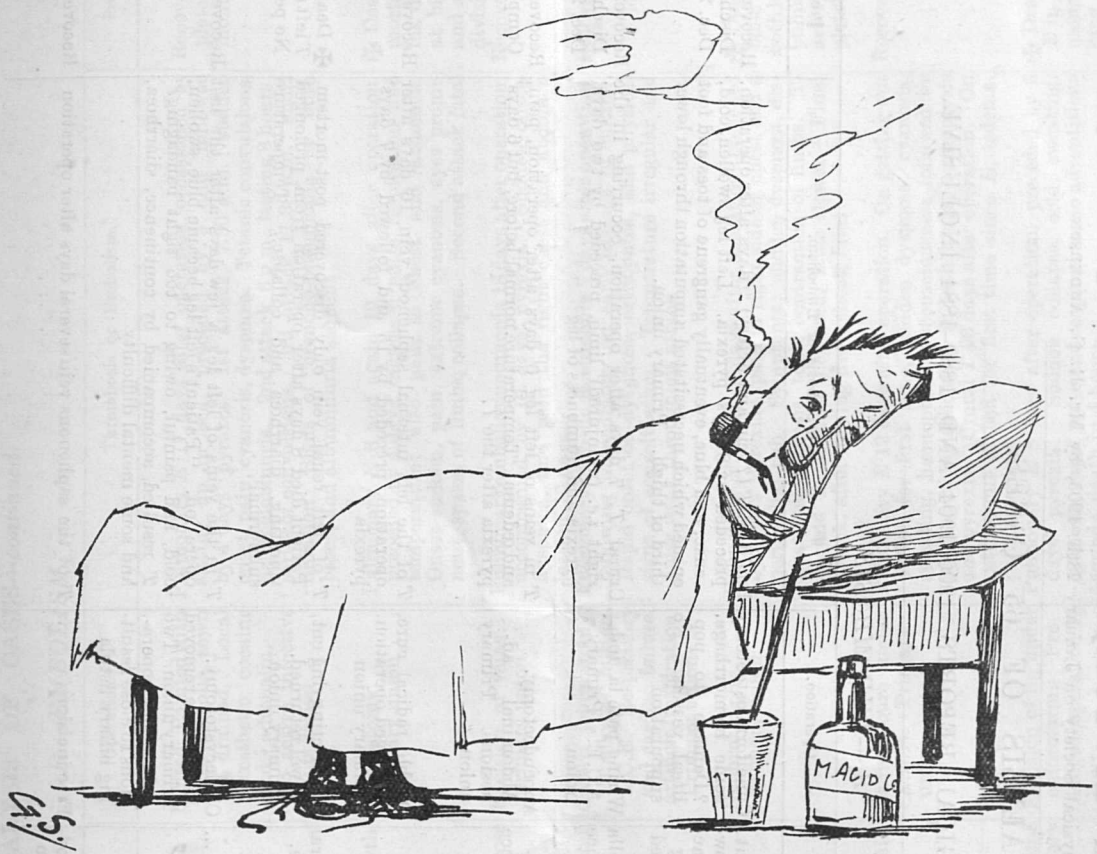
Sir,—Your correspondent who writes on the subject of "Motor Cars for Medical Men" hardly helps the would-be purchaser so much as one would have hoped from one who claims a knowledge of such a large variety of cars. I have recently given some attention to this subject, and, starting in complete ignorance, the method I adopted was as follows:—For a considerable period I carefully observed various of my acquaintances who had motors, and as far as possible noted the troubles and misfortunes they incurred; and here let me say, several grew ill and haggard with the anxieties they had provided themselves with. Some have been finally defeated, and having gone through the usual methods of locomotion, from originally walking their daily round, to horse and carriage, motor, then back to bicycle, finally for one reason or another have found themselves once more "on their feet."

Next I found among my patients an engineer who occupied himself in taking various of these machines to pieces, and from him I learned the technical names of the constitutent parts, the methods of ignition, transmission, gear, etc., also some general idea of the relative merits of both steam and petrol cars. I had previously known that my friend A. had burnt his buttocks with a steam car boiler, that B. and others had seriously injured their wrists with the starting handle, etc., and I now experienced an added interest in finding out how it all came about. I read a number of books, including those mentioned by your correspondent, and I soon knew the names of all the cars on his list as well as many others. I also learned their mechanical peculiarities and why each one was said to be better than any other, still I felt helpless to decide. They were all good, every one said so! But which would be best for a suburban general practitioner? I took advice from so many friends, that I soon began to fear to meet them (motorists generally expect the novice to see through their own spectacles). I read all the weekly journals, until I found myself completely bewildered, as they invariably praise all and avoid adverse criticism. Finally, I came to the conclusion that *medical men* and only those exactly situated as myself, in suburban practice, with the same daily routine, could help me by their experience. Accordingly I sought out those with some years' experience, and guided by their willing assistance I made the final selection.

It seemed to me that the important point to decide was *not* which is a good car, but which is the one that is best suited to my particular requirements.

*Now*, I am horrified to find that my choice is not even mentioned in the list your correspondent gives, but as I shrink from sudden disillusionment I refrain from naming the brand.—Yours truly,

HOLLAND WRIGHT.




## A PLEA FOR THE SIMPLER LIFE.

I have promised the Editor a caricature for the Gazette to-morrow. Don't he wish he may get it!

# Thrombosis and Embolism as Complications of Surgical Operations.

A paper read before the Physical Society on January 28th, 1905, by Mr. R. G. ANDERSON.

## ANALYSIS OF 65 CASES.

### I. CASES FROM THE SURGICAL REPORTS, 1900–1904 AND 1880–1884 INCLUSIVE.

#### *A.—THROMBOSIS.*

| Case. | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 1 | N. P., F., 19, Sep. 23, 1904 | Healthy girl; 2 years previously, fractured patella which suppurated | Knee ankylosed at right angles following on previous fracture. Ham-string muscles contracted | Cuneiform osteotomy some hæmorrhage. ?Damage to popliteal vessels. No suppuration | Popliteal *T* (?vein and artery) 9 days after operation, preceded by 8 days' pyrexia. Left leg swollen, cold, ense, and blue, eventually gangrene of toes and foot ensued which necessitated amputation through lower third of thigh. Primary union. | Recovery rapid. Discharged Dec. 29, 1904 |
| 2 | G. N., M., 60, Nov. 8, 1902 | Feeble man. No previous disease | Fractured left patella from direct violence | Wiring pate la under A.C.E. Primary union | Crural *T*, 7 days after operation, occurring in the right *i.e.* (uninjured) limb, preceded by two days' pyrexia and numbness of leg | Recovery rapid. Discharged Dec. 29, 1904 |
| 3 | M. C., F., 30, May 18, 1900 | Phthisis in family. Recent influenza and rheumatism. Healthy woman. Urine normal | Relapsing appendicitis, 4 weeks since last attack | Appendectomy. Abdominal adhesions. Primary union | *T* in veins of left leg 6 days after operation, pain, and œdema. Temperature normal before, but 6 days' pyrexia after the *T*. | Recovery slow. Complete |
| 4 | W. W., M., 26, Oct. 12, 1898 | Patient bald and edentulous. Dyspeptic | Double inguinal hernia | Double radical cure. Prolonged operation. Primary union | *T* of the left internal saphenous vein 16 days after operation, preceded by 15 and followed by 7 days' pyrexia | Recovery rapid |
| 5 | H. G., F., 78, Nov. 21, 1898 | Healthy and well preserved. Urine normal | Strangulated femoral hernia. Collapse. Vomiting | Constricting ring cut, bowel returned. Primary union | *T* of left renal vein only discovered post-mortem. Patient died 8 days after operation from prolonged vomiting, diarrhœa and collapse. Temperature subnormal | ✠ Death. P.m., *T* left renal vein. No peritonitis |
| 6 | M. M., F., 61, March 4, 1897 | Frequent attacks of diarrhœa. Urine normal | Gall-stones ... ... | Cholecystotomy. Large stone removed Primary union. Two subsequent operations to close resulting biliary fistula | *T* in the veins of left leg a few days after the last operation. "Patient's left leg became blue, swollen, cold, and painful, owing to too tight bandaging." *T* resulted accompanied by continence, diarrhœa, and some mental difficulty | Recovery rapid |
| 7 | G. M., M., 33, Aug. 6, 1883 | Unimportant ... | Cellulitis of the popliteal space from septic wound | Free incision ... | *T* of the saphenous vein several days after operation | Recovery slow |

## ANALYSIS OF CASES—*continued.*

### *B.—EMBOLISM.*

| Case | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 8 | F. W., M., 23, April 5, 1904 | Well developed healthy man. No previous illness. Urine normal | Hydrocele of left tunica vaginalis | Incised. Painted with pure carbolic, sewn up, drained. Local anæsthetic, cocaine and adrenalin. No active infective suppuration | Pulmonary *E* 17 days after operation, occasioned by sitting up in bed, preceded by 3 and followed by 4 days' pyrexia. 1st attack, 7.30 a.m.: sudden onset, pain, cyanosis, dyspnœa. Tetanic convulsions, hæmoglobinuria. 2nd attack, 6 p.m., lasting 3 hours: series of convulsions. 3rd attack, 11.30 p.m.: short duration. Signs of broncho-pneumonia at both bases, and albuminuria sequent | Recovery complete in one month. |
| 9 | E. J. W., M., 50, Sep. 11, 1903 | Clerk. Heavy drinker Syphilis at 30 | Œsophageal growth, pain, dysphagia. Cachexia | Gastrostomy. Primary union | Pulmonary *E* 8 and again 10 days after operation, preceded by 4 days' increased pulse, respiration and temperature; also pain in chest and abdomen. Onset sudden, pain, extreme cyanosis, eyes prominent, spasm of limbs, collapse. Second attack fatal | ✠ Death. Post-mortem: embolus of pul. art. at bifurcation and along both divisions |
| 10 | G. G., M., 51., Feb. 20, 1902 | Rheumatism, fainting attacks, recent influenza | Thrombosed varicose veins of left leg | Excision of veins. Primary union | Pulmonary embolic pneumonia 18 days after operation, accompanied by 10 days' pyrexia. Sudden onset, dyspnœa, and pain the right chest and abdomen lasting 10 days | Recovery. |
| 11 | G. B., M., 32, Dec. 16, 1902 | Severe attack of influenza in 1897 from which never recovered. Anæmic. Constipated. Mitral systolic bruit | Pyloric obstruction, dilated stomach | Gastro jejunostomy. Murphy's button. A.C.E. Respiratory and cardiac failure. Artificial respiration. Primary union | Pulmonary embolic pneumonia 7 days after operation, following immediately on early passage of button. Rapid onset of dyspnœa, orthopnœa, and physical signs of consolidation. Temperature irregular and pulse weak throughout attack | Recovery. |
| 12 | S. S., F. 29, June 27, 1901 | Strong family and personal history of tubercle. Rheumatism. Glycosuria | Movable kidney ... | Nephrorhaphy. Primary union | Pulmonary *E*, 14–16–17 days after operation, preceded by 7 days' pyrexia; pain in right side of chest and a pericardial rub. Symptoms: sudden dyspnœa, distress and cyanosis, tonic contraction of limbs. T. R. and P. at first increased, later slower. Final attack, after moving draw sheet, fatal | ✠ Death. Embolic infarcts in both lungs. Left pulmonary artery completely blocked. |
| 13 | W. S., M., 29, May 7, 1900 | Strong and healthy. No previous illness | Left inguinal hernia | Radical cure under A.C.E. Primary union | Pulmonary *E* 12 days after operation. On getting out of bed for first time, sudden dyspnœa, cyanosis, sweating, hæmoptysis, unconsciousness followed by patches of consolidation in both lungs, hæmoptysis and pyrexia. Crural *T* 26 days after operation. On getting out of bed for first time since *E*, œdema, pain, swelling | Recovery slow |
| 14 | P. R., M., 42, March 1, 1898 | Healthy man. Syphilis when young | Extensive epithelioma of lip. Secondary glands | Excision of lip under chloroform. Prolonged operation 1½ hours | Pulmonary *E* 8 days after operation, preceded by 6 days' pyrexia. Sudden collapse, cold, sweating, cyanosis, rapid pulse and respiration, no adventitious sounds, death in 4 hours | ✠ Death. Large *E* in right pulmonary artery, lung collapsed, heart fatty |

## ANALYSIS OF CASES—*continued.*

| Case. | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 15 | M. B., F., 50 | Feeble, bad condition. Pus and albumin in urine. Gastric ulcer. Dyspepsia | Uterine fibroid ... | Removal of tumour (cystic fibroma 15lb. in weight). Uterus and appendages. Severe hæmorrhage. Collapse. Transfusion Oiv. A.C.E. and ether for 1½ hrs | Pulmonary *E* 3 hours after operation, sudden collapse, lividity, rapid death | ✠ Death Pulmonary artery and both branches filled with clot. Unsuspected primary *T* of left external iliac vein. Suppurative nephritis, many old adhesions |
| 16 | A. M., F., 39, Mar. 1, 1897 | Small-pox 18 months previously. Urine normal | Movable kidney. Hydronephrosis | Nephrorhaphy under A.C.E. Primary union | Pulmonary *E* 9 days after operation, preceded by 3 days' pyrexia. Abdominal pain and depression. Onset sudden, collapse, death 1¼ hours | ✠ Death. Large folded clot in pulmonary art. & both branches Unsuspected *T* of right iliac vein & branches Abdominal adhesions |
| 17 | M. B., M., 41, Nov. 21, 1892 | Cachectic. Anxious. Constipated. Urine. Pus and albumin | Diffuse rectal growth. Recto-vesical fistula | Lumbar colotomy under chloroform. Primary union | Pulmonary *E* 7 days after operation. Sudden onset while sitting up in bed, death in 10 minutes | ✠ Death. P.-m. (report lost) |
| 18 Mr. | F., Middle Age, 188– W. H. A. J. | — | Empyema ... ... | Eslander's operation. Foul extensive cavity | Femoral *E* following immediately after operation (escape of clot from pulmonary vein into systemic circulation), leg blue, cold, pulseless, eventually gangrenous | ✠ Death |
| 19 Mr. | M., Middle Age, 188– W. H. A. J. | — | Empyema ... ... | Resection of rib ... | Cerebral *E* occurring a few days after operation while syringing cavity. Sudden onset of hemiplegia (causation as in 18) | Discharged, hemiplegic |

## II. CASES FROM THE OBSTETRIC SURGICAL REPORTS, 1900–1904 INCLUSIVE.

### *A.—THROMBOSIS.*

| | | | | | | |
|---|---|---|---|---|---|---|
| 20 | E. F., F., 49, Dec. 31, 1903 | Thin wasted woman at menopause. 8 children. Urine normal | Carcinoma of cervix uteri | Abdominal hysterectomy. Severe hæmorrhage. Great collapse | Septic *T* of right iliac and inferior vena cava. The right internal iliac vein was severed during operation and became immediately infected by contact with growth. Death from septicæmia | ✠ Death. Septic thrombosis of vena cava and iliac veins |
| 21 | C. D., F., 42, Sept. 24, 1902 | Profuse and prolonged menstruation for past 2 years. Last period 14 days before admission. Very anæmic & run down | Uterine fibroids ... | Double oophorectomy. Free hæmorrhage, persistent for 3 days. Primary union | *T* in the veins of right leg 14 days after operation ... | Recovery slow |

ANALYSIS OF CASES—*continued.*

| Case. | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 22 | J. F., F., 44, Aug. 6, 1901 | Menses scanty. Healthy woman. Urine normal | Uterine fibroids ... | Double oophorectomy. Primary union | *T* in the veins of left leg 20 days after operation, preceded and followed by several days' pyrexia. Leg swollen, tender, dilated venules | Recovery complete in 14 days |
| 23 | L. H., F. 41, March 18, 1891 | Run down. Weak menorrhagia. Diarrhœa. Pus and albumin in urine | Ovarian tumour ... | Ovariotomy. Prolonged operation, 1 hour 35 minutes. Primary union | *T* in veins of right leg ? days after operation. Œdema, pain, swelling, and subsequently fatal pneumonia | ✠ Death. Secondary complications |

## *B.—EMBOLISMS.*

| | | | | | | |
|---|---|---|---|---|---|---|
| 24 | E.B., F., 44, Sept. 12, 1904 | Wasted and weak. Menses, profuse every 3 weeks. Urine, a trace of albumin. Right femoral veins thrombosed | Multiple uterine fibromata ... | Abdominal hysterectomy. Primary union | Pulmonary *E* 8 days after operation, preceded by 6 days' pyrexia. Sudden onset pain, cyanosis, dyspnœa. P. R. T. raised. Subsequently hæmoptysis and signs of pleurisy and consolidation at right base | Recovery very slow |
| 25 | A. S., F., 34, Oct. 19, 1904 | Patient admitted twice previously for post-partum hæmorrhage. Has had 7 children. At present 5 months pregnant. Œdema of legs. Pus and albumin in urine | Sudden accidental hæmorrhage. Collapsed, pulseless, moribund condition. Uterus tense and filled with blood. Transfused many pints | Abdominal hysterectomy. Uterus removed with fœtus and O iv. of blood. Primary union | Pulmonary *E* and femoral *T* 18 days after operation, preceded by 17 days' pyrexia onset. While sitting up in bed, sudden pain in left calf which ascended the thigh, followed immediately by pain, dyspnœa, lividity, collapse, sweating, pulseless, gradual recovery after two hours, no consequent signs in chest, but complete *T* of left leg. *T* of right leg 35 days after operation | Recovery very slow |
| 26 | E. B., F., 36, Mar. 9, 1903 | Healthy woman. Menses normal. Mitral systolic bruit. Urine normal. 4½ months pregnant | Carcinoma of both ovaries and secondary to stomach. Large abdominal tumour on right side. Much ascites | Double ovariotomy. Primary union. Developed suppurative parotitis and aborted | Pulmonary *E* 39 days after operation, sudden pain, dyspnœa, rapid death | ✠ Death. P.-M. Diffuse general carcinoma. Rt. side of heart dilated. No apparent embolus "but not carefully looked for." |
| 27 | T. F., F., 45, Nov. 19, 1903 | Healthy woman. Menses profuse. 6 children. Urine normal. | Large necrotic uterine fibroid. Some ascites | Abdominal hysterectomy under A.C.E. Suppuration | Pulmonary *E* 10 days after operation, preceded by 10 days' pyrexia. Sudden death | ✠ Death. P.-M. Rt. pulmonary artery and its main branches blocked with clot, œdema of left lung |
| 28 | H. S., F., 59, Mar. 10, 1901 | Menses profuse and frequent. Hæmorrhage from rectum. Anæmic | Abdominal pain and intestinal obstruction | Exploratory laparotomy. Constricting band divided. Primary union | Pulmonary *E* 19 days after operation. Sudden onset, cyanosis, dyspnœa, rapid pulse and respiration. Tick-tack cardiac rhythm. Temperature normal | Recovery |

## ANALYSIS OF CASES—*continued.*

| Case. | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 29 | E. C., F., 34, Nov. 6, 1901 | Healthy woman. 3–4 months pregnant | Uterine fibroids complicating pregnancy | Abdominal hysterectomy. Considerable hæmorrhage. Saline transfused | Pulmonary *E* 1 day after operation. Sudden onset, dyspnœa, orthopnœa, pain, distress, remained conscious. Rapid death | ✠ Death. P.-M. (no report) |
| 30 | C. B., F., ? age, May 17, 1901 | Profuse and frequent menses, last period 11 days before admission. Constipation. Urine normal | Uterine fibroids ... | Partial abdominal hysterectomy. Stitch sinus. Suppuration | Left femoral *E* 22 days after operation, preceded by 18 days' irregular pyrexia. Onset, sudden pain and loss of sensation in leg, tenderness along course of artery, no pulse, swollen and cold, a month later burning pain over lower ribs, râles at both bases and pyrexia. ? Embolic | Recovery slow |

## III. CASES FROM BRIGHT WARD DURING THE PAST FIVE YEARS.

### *A.—THROMBOSIS.*

| | | | | | | |
|---|---|---|---|---|---|---|
| 31 | Mrs. H., F., 38, Jan., 1905 | Malnourished, anæmic, neurotic | Ovarian cyst ... | Ovariotomy under chloroform. Primary union | *T* in the veins of left leg 10 days after operation, some accompanying pyrexia. Pain, swelling and œdema below the knee | Recovery |
| 32 | A. H., F., 66, May 12, 1904 | Healthy woman ... | Ovarian cyst ... | Ovariotomy. Primary union | *T* in the veins of left leg 12 days after operation. There had been a previous attack of *T* in the same leg | Recovery |
| 33 | M. S., F., 70, June 21, 1904 | Feeble, cachetic, loss of appetite, sleepless | Pelvic malignant growth | Abdominal exploratory incision. Case inoperable. Escape of ascites. Primary union | *T* in veins of left leg about 14 days after operation ... | ✠ Death from general carcinoma |
| 34 | F. P., F., 44, Jan. 20, 1903 | — | Uterine fibroids ... | Abdominal hysterectomy. Primary union | *T* in veins of left leg 14 days after operation ... ... | Recovery |
| 35 | H. T. C., M., 55, Oct. 28, 1903 | Healthy man, some cystitis, pus and albumin in urine | Urethral stricture ... | Wheelhouse's urethrotomy. Catheterism | *T* of prostatic sinuses spreading into iliac veins commencing 2 days after operation. Septicæmia, death | ✠ Death. Suppurating *T* in prostatic sinuses Organised clots in iliac veins |
| 36 | H. G., M., 40, Oct. 12, 1903 | Very strong and healthy | Inguinal hernia ... | Radical cure. Primary union | *T* in veins of left leg about 20 days after operation ... | Recovery |
| 37 | Mrs. G., F., 45, 1903 | Healthy woman ... | Relapsing appendicitis | Appendectomy under A.C.E. Primary union | *T* in veins of left leg 4 weeks after operation ... ... | Recovery |
| 38 | P. P., M., 24, 1903 | Healthy man ... | Renal calculus ... | Renal exploration. Removal of stone from ureter after much time and manipulation. Primary union | *T* in the veins of left leg 2 days after operation ... | Recovery slow |

ANALYSIS OF CASES—*continued.*

| Case | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 39 | C. E. P., M., 25, Nov. 10, 1903 | Healthy man ... | Renal calculus ... | Renal exploration. Removal of large stone after considerable manipulation. Much bleeding. Primary union | *T* in the veins of left leg 6 days after operation, accompanied by 3 days' pyrexia and extreme pain in limb | Recovery |
| 40 | P. N., F., 43, Sept. 25, 1902 | Healthy woman ... | Uterine fibroids ... | Abdominal hysterectomy. Primary union | *T* in veins of left leg 17 days after operation ... ... | Recovery |
| 41 | V. Z., M., 30, March 19, 1900 | Poor condition ... | Relapsing appendicitis | Appendectomy, abdominal adhesions. Primary union | *T* in veins of left leg 24 days after operation ... ... | Recovery slow |
| 42 | Mrs. P. ... | Anæmic, dyspeptic... | Uterine fibroids ... | Abdominal hysterectomy. Primary union | *T* in veins of left leg 16 days after operation ... ... | Recovery |
| 43 | F., 30 ... | Healthy, constipated | Uterine fibroids ... | Hysterectomy under gas, A.C.E. and ether. Primary union | *T* in deep veins of right leg 14 days after operation, followed by some pyrexia | Recovery in 4 wks. Swelling of leg on walking for 18 months |
| 44 | F., 45 ... | Unhealthy, anæmic, low spirited, constipation, cystitis | Uterine fibroids ... | Hysterectomy and double ovariotomy under gas and ether. Primary union | *T* of both femoral and saphenous veins 10 days after operation, severe pain followed by pyrexia | Recovery slow and incomplete in 10 months |
| 45 | F., ? age ... | Unhealthy, low spirited, constipated | Uterine fibroids . | Hysterectomy and single ovariotomy under gas & A.C.E. Primary union | *T* of both saphenous veins after operation followed by pyrexia | Recovery complete in 6 mths. |
| 46 | M., 26 ... | Poorly developed, anæmic, very constipated | Relapsing appendicitis | Appendectomy under gas and A.C.E. Primary union | *T* of the left internal saphenous vein 8 days after operation | Recovery slow. Swelling and pain in limb for many months |
| 47 | M., 40 ... | Wasted, constipated | Persistent vomiting. Abdominal adhesions | Exploratory incision under gas and ether. No further procedure. Primary union | *T* of left internal saphenous vein 11 days after operation, following on abdominal massage | Recovery |
| 48 | M., 32 ... | Perfect health ... | Varicose veins right leg | Excised extensively. Primary union | *T* of collateral veins on the same side several days after operation | Recovery |
| 49 | M., elderly | Sedentary life, constipated, ? alcoholic | Hæmorrhoids ... | Whitehead's operation, gas and ether, *no suppuration* | *T* of the femoral veins 8 days after operation ... ... | Recovery slow |

N.B.—In Cases 43, 44 & 45, the anæsthetic, the uncomplicated operation, and primary union were similar in each instance. They were all on the same side of the ward, were all constipated and low spirited, and in each case aised pillows to the legs were employed after operation.—(Notes of Dr. Brydone.)

ANALYSIS OF CASES—*continued*.

| Case. | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 50 | J. W. B., M., 45 | Constipated, anæmic | External piles, Hæmorrhagic | Whitehead's operation, considerable bleeding, no suppuration | *T* of the left saphenous vein 11 days after operation, preceded by some pyrexia, swelling, œdema, pain, dilated venous radicals, ? embolic pneumonia 4 weeks after operation and 18 days after commencement of pyrexia, consequent on leaving bed for the first time, rapid onset of pain in right side, dyspnœa, cough, no pleurisy, temperature raised | Recovery slow, legs swollen a month after discharge |
| 51 | F., 22 ... | Healthy woman ... | Relapsing appendicitis | Appendectomy. Primary union | *T* in veins of left leg 3 weeks after operation, œdema, redness, pain | Recovery in 6 weeks |
| | | | *B.—EMBOLISMS.* | | | |
| 52 | F., 28 ... | Healthy woman ... | Ruptured perinæum | Plastic operation under A.C.E. and chloroform. Primary union | Pulmonary *E* 10 days after operation on removal of stitches, preceded by rise of temperature and pulse, rapid onset, cyanosis and dyspnœa, no physical signs | Recovery |
| 53 | R. P., F., 43 | Healthy spare woman | Double inguinal and left femoral hernia | Prolonged simultaneous radical operations under ethyl chloride and A.C.E. Primary union | *T* of labial veins, recurrent 9 days after operation, on which day patient complained that the bandage was tight and galled her left leg. Pulmonary *E* 10 days after operation, the day following *T* occurred while being lifted in bed. No precurrent pyrexia, onset sudden collapse, pain, dyspnœa, lividity followed by cyanosis, cold sweat, pulse imperceptible, little right sided dilation, cardiac churning noise. Two days later pleuritic rub and some dulness in left axilla, which lasted only a few days. *T* in veins of right leg 21 days after operation, which some days later eventually suppurated | Recovery very slow, discharged in 9 weeks |
| 54 | F., 31 ... | Healthy woman. Metorrhagia | Metorrhagia... ... | Ovariotomy. Primary union | Pulmonary *E* 14 days after operation during the act of micturition. Sudden onset | Recovery gradual from moribund condition |
| 55 | F., 36 ... | Healthy woman. Menstruating on admission | Movable right kidney | Nephrorhaphy, much manipulation of kidney. Primary union | Pulmonary *E* 4 weeks after operation on morning of leaving hospital. Sudden lividity, cyanosis, dyspnœa, collapse, death | ✠ Death. *T* of right renal vein and evidence of detachment of clot. *E* in both pulm. branches |
| 56 | F., 40 ... | Menorrhagia ... | Uterine fibroids ... | Abdominal hysterectomy, veins of broad ligament enormously dilated and some thrombosed. No septic infection | Pulmonary *E* 4 days after operation. Sudden onset and usual symptoms. Rapid death | ✠ Death. No P.-M. |
| 57 | F., 35 ... | — ... | Ovarian cyst ... | Ovariotomy. Primary union | Pulmonary *E* 10 days after operation. Sudden onset, pain, dyspnœa, lividity, cyanosis, violence, occurrence of a new pulmonary systolic bruit which disappeared in two days. Dulness and deficient air entry at right base. No hæmoptysis | Recovery from critical condition in 24 hrs. Slow convalescence |

ANALYSIS OF CASES—*continued*.

## IV.—CASES FROM MISCELLANEOUS SOURCES.—THROMBOSIS AND EMBOLISMS.

| Case. | Name, Age, Date, &c. | Personal History. | Present Illness. | Operation. | Thrombosis or Embolism. | Progress. |
|---|---|---|---|---|---|---|
| 58 | Young girl | Anæmia ... ... | Appendicular abscess | Incision, drainage ... | *T* in veins of right calf 6 days after operation. Pulmonary *E* same day, orthopnœa and dyspnœa. *T* in veins of left leg 10 to 12 days after operation. Severe Pulmonary *E* 12 days after operation. *T* of innominate vein 21 days after operation, with œdema of arm, chest and neck. 2 days later eczematous rash over arms, legs and chin | Recovery |
| Mr. | P. L. Mummery | | | | | |
| 59 | M., 45 ... | — ... | Appendicular abscess | Incised, drained ... | *T* of right leg and pulmonary *E* 12 days after operation. Pulmonary *E* again 19 days after operation, followed by pleuritic rub over lower part of lett chest | Recovery |
| Mr. | P. L. Mummery | | | | | |
| 60 | F., 49 ... | Cystitis ... .. | Right hernia ... | Radical cure ... | *T* of int. iliac, femoral and saphenous veins 10 days after oper., preceded by 5 days' pyrexia, wound quite healthy | Recovery slow |
| Mr. | P. L. Mummery | | | | Pulmonary *E* at same time 10 days after operation<br>" nearly fatal 14 " "<br>" severe 35 " "<br>" slight 36 " "<br>Sudden onset, great cyanosis and dyspnœa, later developed large bed sore over sacrum, and a pulmonary abscess from septic infarction | |
| 61 | F. ... ... | — ... | Obstetric ... .. | Abdominal exploration, no further operation. Primary union. No signs of peritonitis | Pulmonary *E* 5 days after operation. Dyspnœa and palor. Death in a few minutes | ✠ Death |
| Dr. | C. Lockyer | | | | | |
| 62 | M., 20 ... | — ... | Appendicitis ... | Appendectomy, many adhesions, much manipulation. Primary union | Pulmonary *E* occurring the day after operation. Sudden onset, dyspnœa, pain, temp., resp. and pulse raised. Later, signs of consolidation in the middle and lower lobe of right lung | Recovery |
| Mr. | G. R. Turner | | | | | |
| 63 | G. S., M., 32, June 14, 1904 | Strong and healthy, urine normal | Shot by fowling-piece in face and scalp, intra-cranial rupture of inter. carotid and cavernous sinus. Pulsating exophthl. Blind right eye | Ligature of the right internal and external carotid artery | Pulmonary *E* 2 days after operation, preceded by 5 hours' pyrexia, 102·6°. Sudden dyspnœa, cyanosis, coma and death in 20 minutes | ✠ Death. P.-m. shot not discovered. ? Presence in pulmonary embolus |
| Mr. | C. H. Usher | | | | | |
| 64 | C., M., 35 ... | Healthy man ... | Varicose veins in both legs, none thrombosed | Removal by many small incisions under local anæsthetic, cocaine and adrenalin. Primary union | Pulmonary *E* 9 days after operation and again 3 weeks later during active exercise, preceded by pyrexia since operation in both cases. Sudden onset, dyspnœa, lividity, then cyanosis, profuse hæmoptysis and signs of consolidation at left base | Recovery complete |
| Mr. | P. C. V. B. | | | | | |
| 65 | M., 40 ... | Healthy man ... | Varicose veins in both legs, many thrombosed | Excision. Slight suppuration | Pulmonary *E* about 18 days after operation, preceded by slight pyrexia. Onset sudden, extreme pain in right side, anguish, dyspnœa, cyanosis, sweating, feeble rapid pulse. Later, signs of pleurisy and consolidation at right base, bright red hæmoptysis, some pyrexia | Recovery complete |
| Mr. | T. H. | | | | | |

# Additions to the Guy's Dental Museum during the last twelve months.

The following specimens have been presented by Mr. PERCY FURNIVALL, L.D.S. Eng., Madras, India, per Mr. W. A. Maggs.

1. Flycatcher Lizard of Madras—skull with teeth.
2. Indian Leopard—skull with teeth.
   *Felis pardus.*
3. Red Dog of the Deccan—skull with teeth.
   *Canis dukkunensis.*

In reference to the teeth of dogs, it may be stated that they usually possess 42, 10 above and 11 below on each side, sic i $\frac{3}{3}$ c $\frac{1}{1}$ p $\frac{4}{4}$ m $\frac{3}{3}$; but in certain Asiatic species the third mandibular molar appears to be constantly absent.

The following photographs have been presented by Dr. M. H. CRYER, University of Pennsylvania, Philadelphia, per Mr. H. C. Visick.

1. Vertical section of skull and cervical vertebræ, showing brain, mouth, pharynx, and muscles.
2. Adult skull with teeth. Aged skull without teeth.
3, 4, 5, 6. Adult skulls with full dentitions.
7. Adult skulls without teeth.
8, 9. Adult skulls with maxillary teeth.
10. Mandible with impacted wisdom.
11. Transverse section of jaws and teeth.
12, 13, 14. Transverse sections of skulls showing nares and antrum.

The following specimens have also been added to the museum in the course of the last year:—

Portions of the maxillæ containing the posterior part of each half of the jaw, and including the maxillary tuberosities. Each wisdom tooth is lying horizontally, and above the second molar with its masticating surface pointing directly backwards. Mr. F. S. Vine.

An upper central incisor removed from the mouth of a child aged three days. The Dental Society.

Four teeth from the jaws of a seal, which show well-marked signs of erosion. The teeth measure about four inches in length. Mr. Malleson.

The head of a stoat. Mr. R. J. Messent.

Specimen of a bat. Mr. R. J. Messent.

A series of nine upper second premolars illustrating the variation in the formation and number of roots which may occur in these teeth.
Messrs. N. Nibbs and C. D. Wallis.

Three two-rooted lower lateral incisors.
Mr. C. G. G. Lewis.

Model showing a supplemental incisor situated between the two upper central incisors and causing irregularity.
The Dental Society.

Model of a mandible with three premolars on the right side. Mr. Bollard.

A conical supernumerary tooth situated on the labial side of a right upper central incisor.
Mr. A. E. D. Prideaux.

Models of the jaws of a boy aged 9 years, showing specific teeth. Mr. F. J. Messer.

Model of maxillæ showing non-specific semilunar notches in both central incisors. Mr. J. L. Payne.

A malformed tooth occupying the position of the right upper central incisor. Mr. E. L. Pilbeam.

Model of maxillæ with the right upper canine tooth lying horizontally in the buccal sulcus.
The Dental Society.

Models of a case of inferior protrusion.
Mr. A. E. D. Prideaux.

Models showing the result of treatment in a case of superior protrusion. Mr. J. E. Spiller.

Models of a case of saddle-shaped contracted arch, together with the the appliance used for expansion and the resulting model after the completion of the treatment.
J. L. Payne.

Models of an extreme case of saddle-shaped arch. Owing to the narrowing of the maxillæ the two sides of the palate are completely in contact as far back as the first permanent molar, and the space between the second premolars is less than three-eights of an inch. Although in contact, the two sides are not joined together, and a thread can be passed right up between them to the roof of the mouth.
Duplicates of models presented by Mr. J. B. Parfitt to the museum of the Odontological Society.

Section of a mandible in which the left lower canine is lying horizontally and is embedded in the jaw. The remains of a fibrous capsule is seen covering the crown of the tooth. Mr. W. Elwood.

Model of maxillæ showing the transposition of teeth. The left canine is situated between the first premolar and the first molar—the second premolar is displaced outwards. The Dental Society.

Abnormal lower premolar tooth. Mr. Sams.

Two teeth (split) showing almost complete calcification of the pulp. Mr. J. McBride.

Seven teeth showing calcification of the pulp.
Mr. E. B. Dowsett.

A first right lower molar with pulp cavity almost entirely filled by a pulp stone. Mr. E. L. Pilbeam.

Two teeth showing polypus of pulp.
Mr. E. B. Dowsett.

Model of a mandible having a large polypus of the pulp connected with the first right molar.
Mr. A. E. D. Prideaux.

Tooth showing exposure of pulp from erosion.
Mr. E. B. Dowsett.

Two upper central incisors showing exposure of pulp from attrition, and also abrasion and absorption.
Mr. J. L. Payne.

Lower second molar showing absorption from impaction of the wisdom tooth. Mr. E. B. Dowsett.

Portion of the maxillæ showing a large abscess sac in the bone. Mr. Parrott.

Series of eight teeth showing erosion. Mr. E. B. Dowsett.

Erosion in a lower premolar. Mr. J. H. Badcock.

Tooth showing well marked attrition. Mr. E. B. Dowsett.

A series of temporary molars showing various stages of absorption.

Well marked needlepoint absorption occurring in an upper central incisor. Mr. J. H. Badcock.

Two upper central incisors removed on account of looseness, from the mouth of a patient aged 40. Both roots are considerably absorbed. Mr. J. H. Badcock.

Model of the mandible of a child, aged 4, showing chronic suppurative periodontitis associated with the lower temporary incisors. Mr. J. L. Payne.

Wet specimen (together with microscope slides) showing the remains of a dental cyst in connection with a first upper molar. Mr. F. W. Parfitt.

A Hamilton bandage for fracture of the jaw. Sister Conservation.

A head with a Hamilton bandage in position. Sister Conservation.

A Lord's suction disc after three months' wear, showing the enlargement which results when in use. Mr. E. B. Dowsett.

Models showing an extensive accumulation of tartar around the teeth on the left side of the mouth. Mr. A. E. D. Prideaux.

A small composite odontone. Mr. J. L. Payne.

Two dentures with plugs for chronic antral trouble. Mr. E. B. Dowsett.

Ackland's tube for antral disease.

Symond's tube for antral disease.

McGavin's tube for antral disease.

Antral syringe.

Model and photograph of a case of osteoma of the antrum. Mr. E. B. Dowsett.

Model of a case of cleft palate in which the cleft runs in the middle line of the arch.

On each side of the cleft, at the alveolar border, is a small conical tooth which may be called the precanine. Mr. A. E. D. Prideaux.

Model of the premaxillary bones, lip, and nose, in a case of cleft palate and double hare-lip. Mr. A. D. Crofts.

Series of specimens showing the method of making a Kingsley's velum. Mr. E. B. Dowsett.

Wet specimen of a fibrous epulis connected with the second left lower molar. Mr. E. A. Buckell.

Model of a mandible (together with wet specimen) showing a myeloid sarcoma growing on the right side of the jaw. Mr. A. Alan-Forty.

Two specimens showing fracture of molars by mastication. Mr. E. B. Dowsett.

A series of teeth showing various methods of root filling. Mr. J. L. Payne.

# Sport.

## Rugby Football.

### JUNIOR INTER-HOSPITAL CUP.

GUY'S A. v. ST. BART.'S A.—Final Round.

This match was played at Hale End, on Wednesday, March 22nd. Losing the toss Guy's kicked off against a strong wind blowing straight down the ground. Guy's pressed, but owing to faulty passing very little ground was gained and play settled in our twenty-five, good tackling, however, by Harvey and Bennett kept them out, and play was transferred to their quarters, here, however, a cross-kick by one of their three-quarters let in the left wing man, who running strongly to the half way line transferred to Oulton who scored behind the posts. The try was converted. After this reverse Guy's played up strongly and the forwards carried the game into Bart.'s twenty-five, where from a scrum the ball came out to Lloyd who made a clever run and scored behind the posts. Ball added the extra points. Even play followed, but just before half-time Bart.'s scored again through Oulton, who picking up in mid-field ran straight through the majority of our men and scored behind the posts. The kick at goal failed and soon after half time was called, Bart.'s leading by a try. On re-starting, Guy's, with a stong wind in their favour, took the game into Bart's twenty-five, but could not score mainly owing to bad passing. Hereabouts, Palmer put in some good runs, but could not pierce their defence. From some loose play, however, in their twenty five Harvey receiving a pass from Cutler scored a nice try under the posts. Ball again took the kick and got the ball over the bar, but in doing so it touched one of their men and so was not allowed. We were now level, and with about 10 minutes to go the game became exciting and roused the enthusiasm of the few but very keen spectators. The game now resolved itself into a series of scrummages on their line, and we ought to have scored at least twice more. Lloyd was almost over, but unaccountably dropped the ball when on the line and bad passing did the rest. Time was called with points equal. It was decided to play ten minutes more each way. Bart.'s crossed over and playing with the wind attacked strongly, but failed to score, Paley's kicking and tackling being very useful; Guy's, on crossing over by dint of good forward play again attacked, but the outsiders did not take advantage of the opportunities given them, and it looked as if a draw was to be the result. Lloyd, however, again came to the rescue by picking up on their line and dropping a neat goal. Time was called soon after, leaving Guy's the winners by 1 goal and a try and 1 dropped goal, to 1 goal and a try.

Remarks.—The forwards won the game; Robinson and Ball were perhaps best in the loose; Patey played well at back. Lloyd and Palmer were the best of the three-quarters in attack and all played well in defence. Baker played a very good game at half. The passing of

all the outsides was bad, if it had been better we should have won by a much bigger margin as the forwards gave every opportunity of doing so.

GUY'S III. v. BLACKHEATH SCHOOL.

Played at Blackheath, on Saturday, March 4th, Guy's winning easily by 3 goals 2 tries (21 points) to 1 goal (5 points). The following scored for the hospital, Wright (2), D. Stout, Adams, and Harvey. The goals were kicked by Kidd, Adams, and Harvey. The whole team played well. Lacey at back played a great game, which was much appreciated by the spectators, 300 in number. Team :—

G. E. Lacey (back); H. F. Wright, L. T. Baker, F. C. Endean, and T. R. Harvey (three-quarters); C. E. Whelon and S. Perkins (half); E. L. Elliott, W. S. Kidd, M. M. Adams, D. Stout, C. A. Blake, G. B. Cockrem, R. Stout, and W. H. Watson (forwards).

## Hockey.

GUY'S v. WILLESDEN.

Guy's beat Willesden on the latter's ground at Richmond by 5 goals to 1. The ground was in very good condition in spite of the heavy downpour. Willesden were one short, which certainly affected the scoring, but Guy's were the faster team, and ought to have won by more. In the first ten minutes the Willesden forwards did a lot of pressing, but the Hospital then became roused, and after some fairly good combination, Davies, who is now playing centre, owing to the absence of S. M. Wells, scored with a hot shot, and Dryland soon added another goal. After half-time, Willesden were the first to score, but Clarke immediately replied, and from this point onwards, Willesden never looked like scoring. Further points were added by Clarke and Morres, both being good shots. The Guy's forwards had plenty of dash, and combined well at times, but undoubtedly ought to have taken greater advantage of the opposing defence, being one short. The defence was never really taxed severely, and the wing halves, Parker and Langdale, whose strong point has always been attack, were seen to great advantage. Leckie was as good as usual, Knight was the better of the backs; but Dicks has much improved, especially in clearing. Moyle, in goal, was reliable and ornamental, he had practically nothing to do. Davies and Morres were good in the forward line, and Clarke showed considerable improvement in the second half; he was a little wild at first. Team :—

Guy's.—H. Moyle (goal); H. S. Knight, W. J. B. Dicks, H. M. Langdale, M. Leckie, F. Parker, H. Pondar, W. J. Clarke, L. G. Davies, G. W. Dryland F. Morres.

## Papers by Guy's Men.

On some obscure cases of Cancer of the Stomach, in which the main symptoms have been unconnected with that organ. By G. Newton Pitt, M.D., F.R.C.P.—*The Practitioner* for April, 1905.

## From the Gazette's Special Pathologist.

NOTICE.

T. L. J., Cheadle.—This growth has the structure of a granuloma protruding through the dense skin of the finger. The surface of the growth is covered with necrotic exudation, and at its base the capillary vessels and lymphatics are widely dilated. We find no signs of malignancy in it.

T. R. A., Chadwell Heath.—This specimen of sputum contains a moderate number of tubercle bacilli.

T. M. W., Hook Norton.—Tubercle bacilli are not seen to be present in this specimen of sputum.

PATHOLOGIST.

## Pass List.

### First Conjoint Examination, March, 1905.

Chemistry and Physics.—F. C. Endean, P. E. H. Patey, M. C. Thavara, F. C. V. Thompson.

Elementary Biology.—R. S. de C. Bennett, T. F. Brown, J. P. Jones, L. Milton, M. M. Munden, C. E. Reckitt, C. G. Sprague, H. Steinbach, W. P. Vicary.

Practical Pharmacy.—H. P. Aubrey, T. F. Brown, S. W. Browning, V. A. P. Costobadie, G. F. Greening, C. W. R. Preston, H. D. Wyatt.

### Marriage.

HODGSON—REED.—On March 25th, at Christ Church, Streatham, by the Rev. C. S. Nicholl, M.A., Stanley Hodgson, M.D., B.S. Lond., M.R.C.S., L.R.C.P., of the Crescent, Salford, youngest son of the late James Hodgson and of Mrs. Ellen Hodgson, of Streatham, to Lucie Reed (late Sister Astley-Cooper), youngest daughter of the late James Reed, of Adelaide, South Australia.

### Deaths.

EVANS.—On March 16th, at the Mount, Caerphilly, Maurice Griffiths Evans, J.P., M.D. Aberd., M.R.C.S., L.R.C.P. Eng., in his 74th year.

KINSEY-MORGAN.—On the 2nd inst., at Hillcote, Richmond Hill, Bournemouth, Annie Isabel, wife of Augustus Kinsey-Morgan, M.D., etc.

SWINHOE.—On March 18th, at Park Houses, Swindon, Wilts, Astley Cooper, third son of George Money Swinhoe, of pneumonia.

Eds.—R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 441.] APRIL 22, 1905. [SIXPENCE.

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## Passim.

ON Monday, March 27th, Guy's Hospital was honoured by its President, the Prince of Wales, with a surprise visit, which was entirely unexpected by everybody within the walls of the Hospital—as evidence of which we have the fact that the Superintendent was going round his wards at the time of the Prince's arrival. Accompanied by two members of his suite he made a complete tour of the buildings; starting in "The Front," where Sister Surgery entertained angels unawares, he passed through most of the Surgical Wards, including the new Light Department, and then examined the work being done in the Dental School: here some conversation ensued with a fireman who was a patient, which resulted in an examination of the patient's mouth by the suite. His Highness spent nearly two hours inspecting the various wards, and on his departure expressed himself well pleased with everything which he had seen. This was no empty praise, as the Royal Family often criticise the arrangements of hospitals which they inspect. Our readers will remember the King's recent condemnation of an operating table in a Derbyshire hospital, and the Princess of Wales once expressed her surprise at the old arrangement by which cut heads were dressed on the centre chair of our old Surgery in full view of the other patients—a criticism which, we believe, led to the erection of the present screen.

IT is exactly three years since Sir Henry Howse resigned his position as Surgeon to this Hospital, and once more we have to chronicle a gap in the Staff. It is with the greatest regret we hear that Mr. Jacobson has decided to cease from his labours within the Hospital, and this regret, deepened as it is by the knowledge of the cause of his decision, will be shared by numberless Guy's men—both past and present. "My old dressers," as he loved to call those of us who have worked under him, can realise perhaps more than any others the debt of gratitude which Guy's owes him, and do appreciate how great a loss to the Hospital his departure will prove. As a teacher of surgery Mr. Jacobson is unrivalled, and his fame has gone out into all lands, so that he was followed about from Naaman to Dorcas by Americans every Monday afternoon—this clinique which he held in the wards, together with his Wednesday afternoon class, will be greatly missed by all those who ever go up for Surgery. No longer shall we see the familiar figure in the Colonnade: almost every day he was there—and every Sunday in

take-in-week—no overcoat being worn even on the bleakest of days.

As President of the Rugby Football Club till two years ago, Mr. Jacobson will be greatly missed, for, not content with acting as a mere nominal figurehead, he was a frequent attendant at Cup ties: scorning the grand stand at Richmond, he was often seen—sometimes with Mrs. Jacobson—standing by the ropes at the corner of the ground opposite the stand and farthest from the road. It was as his guests that the football team dined up West at the end of the season, and a horror of late dinners alone prevented him from being present to take the chair, and share the pleasure of his guests.

Mr. Lane is taking Mr. Jacobson's beds in Naaman and Dorcas. Mr. Fagge, who has been asked to act as Assistant Surgeon, now corresponds to Mr. Lane, and has his beds in the same wards. There has been some further rearrangement of beds, so that corresponding surgeons could share the same wards. Accordingly Mr. Dunn has moved to Lazarus and Martha, as he now corresponds to Mr. Lucas, and Sir Alfred Fripp to Luke and Charity, which he shares with Mr. Golding-Bird. Mr. Symonds and Mr. Steward retain their wards unaltered. Surgical Out-patients have also been altered; Mr. Steward now sits on Monday and Mr. Fagge on Saturday; Mr. Dunn and Sir Alfred Fripp continuing to sit on Wednesday and Thursday as formerly.

At the risk of proving wearisome to our readers, we again direct their attention to the Million Shilling Fund, of which we publish a second list of donations on another page. This week, in consequence of Easter and its attendant holidays, we go to press two days earlier than usual, and so can only give the donations received up to Monday evening the 17th inst., but up to that time 22,684 shillings had been received, or roughly, a thousand pounds—sufficient to endow a bed, but only one-fiftieth of the total number of shillings asked for. The progress of this Fund, though slow, may, however, be considered satisfactory, and will, we hope, continue. The majority of our supporters have still failed to show any outward signs of their activity, if we may judge by the number of cards returned: these, however, we hope will soon awake from their lethargy and succeed in prodding their opulent friends into open-handed generosity.

We also publish a further list of principal donations, including £1000 from Viscount Portman, the second occasion on which he has shown his appreciation of Guy's nursing. If all who have been tended in illness by nurses trained at Guy's would contribute thank offerings in accordance with their financial abilities, this present Appeal would become an assured success, and the Hospital would be able to look its bankers openly in the face. The most munificent gift which the Hospital has yet received in answer to this Appeal, however, comes from an anonymous donor, who gives the sum of £5000 as a "Thank Offering." Would that all expressions of gratitude were made to take the same form!

Our Rugby Football Club is to be highly congratulated on a most successful season, which has culminated in the capture of both the Senior and Junior Inter-Hospital Cups and in the record which they have established of the highest number of points scored in a season's Cup Ties by any hospital. In seventeen matches they have only lost to four clubs, namely, Northampton, Cambridge, Richmond and Catford Bridge, the last of which has often proved a stumbling-block to our complete success. Since Christmas not a match has been lost, and we have very confident hopes that many years will pass before the Cup again ceases to adorn the walls of the Smoking Room.

Success of a First XV. depends, in no small measure, on the keenness of the Second and Third XV.s; accordingly we can point with pride to the facts that our Second XV. has won the Junior Cup during this the first year of its institution and that our Third XV. has only lost two out of twenty-three matches played,

having scored 520 against their opponents' 66 points.

Though the Hockey team succumbed in the Final Cup Tie to St. Thomas's Hospital, who had undoubtedly put a team into the field which was stronger than ours, still they have been extremely successful in other matches, and the club is to be congratulated on their first season. Mr. Leckie's efforts to establish a regular team have been strenuous, and their results very gratifying; a number of keen and good players have turned out regularly, and will be available, for the most part, next season, when we hope the Cup will be re-captured. Out of the last twelve matches played, Guy's have only lost one, and during the whole season we have scored sixty-nine goals against our opponents' thirty-five.

We offer the following to those of our readers who consider themselves authorities on problems of professional etiquette. A man was stabbed in the arm by his brother, and taken by the police to their divisional surgeon. He looked at the arm and sent the man on to Guy's, where four stitches were inserted, the arm put up on a splint, and the man seen and dressed on seven or eight subsequent days. The brother was tried for attempted murder, and *the divisional surgeon gave evidence on two separate occasions* as to the man's wound, nobody being called from the Hospital. Presumably he received ten shillings and sixpence for each attendance, though he had never treated the man professionally; and, in fact, the man had remained throughout under the care of the hospital, though the case was one which came well within the range of a divisional surgeon's skill.

At St. Paul's Church, Forest Hill, on Saturday last, April 15th, A. W. Ormond, F.R.C.S., was married to Miss Eason, the Sister of the Dean, and Mr. and Mrs Eason afterwards entertained a large company at their house. Guy's was largely represented amongst the guests, whose arrival was much facilitated by their hosts' kindly forethought, which prevented the comfort of their journey being marred by those travelling to the Crystal Palace for the Cup Tie.

The Report of the Hospital for 1904, recently issued, provides much food for thought; the accounts throw much light on the vexed question of hospital economy, and the statistical tables will attract the attention of the "nimble-minded." It is instructive to notice that in spite of agricultural depression the tenants of the Lincolnshire Estates have recently found themselves able to afford somewhat improved rates, while those responsible are to be heartily congratulated on a reduction of three thousand pounds in the year's *ordinary* expenditure.

Under the head of Maintenance, many interesting figures are found: Malt liquors have cost £22 as compared with £342 for wines and spirits:—presumably the former are more suitable for convalescents, such as the Hospital sends away to the country as soon as possible, while the latter stimulants are more useful during acute diseases. Out-patients subscribe for Medicines and Dressings £1,725, nearly one-third of the entire Drug and Dressing bill of the Hospital, which amounts to £6,125.

Those whose duty it is to make up the large fires to be found in every ward, will perhaps remember that £3,878 is the year's expenditure for fuel and lighting. Board of Resident Medical Officers is given at £1,384, which represents the sum paid by the Hospital for the year's services of fourteen qualified and two unqualified men, or, leaving out the dressers for the week, roughly £100 a year each. This is not a munificent salary, even for a recently qualified doctor, and the amount deserves the attention of those who maintain that hospitals lose by having a medical school attached. Looked at, however, from the Resident's point of view, it is doubtful whether he receives a just return for that which the Hospital pays on his behalf.

Mr. P. F. Henry (79, King William Street, E.C.) asks us to notify that the Goblins Club will meet at the Café Royal, W., on Thursday, May 4th, 1905.

# Some Cases of Salivary Calculus.

CLINICAL LECTURE BY MR. F. J. STEWARD.
June 24th, 1904.

GENTLEMEN,—I have recently had to deal with five cases of Salivary Calculus, and as the condition is somewhat uncommon, and is not very fully dealt with in the text-books, I thought it would make a suitable subject for a clinical lecture.

I shall first deal with a few general points about salivary calculi, then we will take the clinical history of these five cases and see what they teach.

First, with regard to the age at which they form. They are essentially a condition of adult life, and in looking over a great many cases I find that they practically all occur between the ages of twenty and forty. Of course, there are exceptions. There is one case described in which a calculus was removed from the sublingual duct of a child, æt. 3 weeks, but that is a mere curiosity. With regard to sex, there seems to be a great difference, though one cannot see why. At any rate, men are far more frequently affected than women, and that disproportion is borne out in these five cases, of whom four were men and one a woman.

Now as to the calculi themselves. Their size is extremely variable. There are some specimens of salivary calculi here from the museum. They are preserved because they are big ones, they are all about half an inch in diameter, and vary in length up to an inch and a half. The majority of these calculi are tiny, smaller than a split pea, of the size of a millet seed, or less, and they are washed out of the duct into the mouth. Those which give rise to definite symptoms tend to be bigger, and the larger they become the more definite are the symptoms. They have been known as large as a pigeon's egg, and one of those on the table is over an inch in one diameter, and half an inch in the other. Apparently salivary calculi are much more frequently single than multiple, though in a certain proportion of cases they have been shown to be multiple. In a collection of forty-seven cases in which the point was stated, seven were mentioned as having more than one calculus, which is about 15 per cent. The shape varies according to the position of the calculus. If it is situated in the gland itself it apparently tends to be rounded. Here is a gland in which there is an almost round calculus lying in a cavity. Another of these was removed from the submaxillary, and another from the sublingual, which is oval or rounded. On the other hand, the stones that are situated in the duct of the gland tend to be elongated, sometimes looking like a date stone.

As regards the composition of these stones, they are mostly made up of varying proportions of calcium carbonate and calcium phosphate. There is also a small proportion of organic matter, and that is mostly near the centre, not at the periphery. It is not necessary to go more fully into the composition than that.

With reference to the situation, of course there are three main glands: the parotid, submaxillary, and sublingual, with their ducts. To give you an idea of the relative frequency of calculi in these situations, I have made out a list of the cases I have been able to put together, including my own. There are 89 altogether:—

| | |
|---|---|
| Wharton's duct ... ... | 53 |
| Submaxillary gland ... | 20 |
| Stenson's duct ... ... | 6 |
| Sublingual ducts ... ... | 6 |
| Parotid gland ... ... | 2 |
| Sublingual gland ... ... | 2 |
| | 89 |

That will show you how much more commonly calculi occur in Wharton's duct than in any of the other situations, and of the rest the majority were in the submaxillary gland. Of the cases I have recently had, three were in Wharton's duct and two in the submaxillary gland.

I ought to say something about the ætiology, because that has been a good deal discussed, and, as usual, a number of different explanations have been given, none of which seem altogether satisfactory. An explanation which is frequently given, is the lodgment of a foreign body; and it is a fact, that in many cases a small foreign body, such as a particle of food, has managed to work into one of these ducts, chiefly Wharton's, and form a nucleus for the calculus. But frequently foreign bodies are situated in the ducts of the salivary glands without giving rise to any calculus formation at all; the tendency being rather for there to be inflammatory reaction and suppuration. So it is clear that all calculi are not due to the presence of foreign bodies. The question has been taken up more recently by bacteriologists, and it has been found that a large proportion of salivary calculi are swarming with bacteria, and it is supposed that in some cases the bacteria have something to do with

the formation of the calculi. There are many explanations given as to how this is brought about, but it seems to me that the most satisfactory is this. The saliva which is secreted from the gland is either just alkaline, or neutral in reaction. If the alkalinity is increased it is found that there is a tendency to the deposition or precipitation of calcium salts, and it is supposed that when stagnation from obstruction of the duct occurs in the gland or duct, that if the saliva is infected or is decomposing, ammonia is produced, with a resulting increase in the alkalinity of the saliva, and from that cause a deposit of calcium carbonate or phosphate takes place. I give you that explanation for what it is worth. It, of course, does not explain the great frequency of stones in the submaxillary duct rather than in others, but possibly that may be explained in this way: that the gland is lying below the duct, so that the secretion has to run uphill, as it were, and the duct, being in the floor of the mouth, is much more likely to be infected by organisms in the mouth. The saliva is apparently richer in organic matter, and is therefore more liable to decomposition or to fermentative changes, and moreover, it is less acid than that of the other glands, and is, therefore, more easily made alkaline, with the result that the salts are deposited.

Let us now consider the clinical cases. I will read the notes and histories of these.

The first case was that of a patient, æt. 35, a woman, whom I saw about three years ago. The history was this. For several years she had been troubled with occasional attacks of pain and swelling on the right side of the floor of the mouth and under the jaw. The attacks usually came on after food, and lasted from a few hours to several days. Latterly she had noticed an occasional discharge of pus under the tongue; she also discovered a small hard lump in the right side of the floor of the mouth. When I saw her there was no swelling in the submaxillary or sublingual gland; but on careful examination with one finger inside and another outside the mouth, I could feel a tiny lump far back, in the position of Wharton's duct. I put a needle into it, and felt it to be distinctly gritty, so that I was sure there was a calculus in the duct. After some trouble I slit up the duct and passed a probe along it, but could not feel the calculus because it slipped back out of the way. I hoped, however, that the free opening into the duct would permit the stone to be washed out, as it was a small one and moved easily. Sometime later I heard the patient was quite well, so I suppose the stone was passed; but there is no direct history thereof.

The second case was that of a gentleman, æt. 30, whom I saw nearly two years ago. He had for some months had acute attacks of swelling of the submaxillary region on the left side. As in the last case, the attacks came on immediately after food, and lasted a varying time before subsiding. The submaxillary gland, when I saw him, was slightly enlarged, but not tender. On examination I could feel no stone in the position of Wharton's duct, nor in any other duct of the salivary glands. From the history one judged that a small stone was present in the gland, and that at times it passed into the duct and so obstructed it, thus causing attacks of acute swelling of the gland. I therefore, as in the first instance, merely enlarged the orifice of the duct, hoping that if the stone was small it would be washed out. He had no further attacks for fifteen months, and then he came to see me one day with his submaxillary gland acutely tender and swollen. On opening his mouth I saw a small calculus impacted just at the orifice of Wharton's duct. It was easily removed. It was about a quarter of an inch in length and elongated, and was about the diameter of a No. 3 catheter, exactly fitting the duct.

The third case was that of a man, æt. 40, who was in Job ward last January. Twelve years ago he had a sore throat, and a swelling came up in the right submaxillary region. The tumour was at first about the size of a walnut, but became the size of an egg when the patient ate anything. By squeezing it the size would be reduced, and a fluid would come out beneath his tongue. Lately the tumour, which had only increased when the patient took food, started swelling independently of food, and on that account he came to the hospital and asked that something might be done for it. On admission there was a tumour about the size of a walnut on the right side, in the region of the submaxillary gland. It was movable beneath the skin, and felt rather hard. On opening the mouth a nodule could be seen and felt in the floor of the mouth, on the right side, half an inch behind the opening of Wharton's duct. The nodule turned out to be a calculus, which was fairly tightly impacted in the duct. It was easily removed by means of a small scoop.

The fourth case was that of a student, who had precisely similar attacks. The special point about his case is that the swelling is at times very large, and that between the attacks the submaxillary gland returned to its normal size. I could find no evidence of stone in the ducts

or glands, so, as in the other cases, I enlarged the orifice, in the hope that the stone would be passed. That was about a year ago, and since then the attacks have become less frequent; but they still occur at times, so probably the calculus is still there. So you see, those four cases were very similar.

The last case is somewhat different; it was that of a man, æt. 55, who came up to the Throat Out-patients, one Friday, with a very hard mass in the region of the submaxillary gland, about the size of a pigeon's egg. The history was somewhat vague, but he appeared to have had some swelling for several years. During the last month, however, the mass got much larger and harder, and was painful. He was admitted, under Mr. Golding-Bird, who, suspecting the onset of malignant disease—as I also had done—removed the submaxillary gland, and I have it here. It shows a calculus embedded in the middle of the gland. It is lying in a cavity which contained pus, and there is a very hard, dense wall. The gland, itself, is also considerably infiltrated. Microscopically there was no evidence of carcinoma, the wall of the cyst consisting of dense fibrous tissue.

Those five cases, then, illustrate very well the main clinical points in connection with salivary calculi.

Supposing we take them in order. As you will gather from the cases read, the most striking feature is the tendency of the calculus to block the duct, and when the duct becomes blocked, as a rule, the gland becomes swollen, partly from congestion and partly no doubt by the secretion which collects behind the obstruction. In that way the gland may reach two or three times the normal size, and cause considerable pain. That condition is known as acute ranula. Next, the swelling always occurs after a meal. And that you can easily understand, in this way: Supposing the stone is in some recess, some little cystic cavity inside the gland itself. The meal produces a free flow of saliva, so free that it is sufficient to wash the stone along the duct where it becomes impacted and gives rise to the swelling which we have spoken of as acute ranula. The reason why the swelling invariably goes down is rather more difficult to find, but I think it may be explained in several different ways. First, it is quite clear that in some cases a small calculus is passed into the mouth, and that may relieve the swelling. In other cases, no doubt, the calculus does not completely block the duct, so that when the saliva attains a certain pressure it is able to squeeze its way past and so empty itself. That is what happened in the third case which I read to you. The patient was able to reduce the swelling by squeezing the lump from the outside against the surface of the jaw. I suppose that in the other cases, what must happen is that the stone, for some reason, eventually slips back out of the way, and allows the saliva to flow, and thus the swelling goes down again. Finally, in a few cases the stone remains in the duct, as it did in the second case. The man came to me with a stone impacted in the duct, where it had been all night, and was associated with considerable swelling of the gland and the floor of the mouth.

In other cases, particularly if the stone is in the gland, it sets up irritation and causes an inflamed condition of the gland, producing an enlargement which is more or less permanent. In those cases also the cavity which contains the stone will secrete pus, and in some instances that pus will be discharged through the duct into the mouth. That was so in the case of the lady I mentioned, who had attacks of acute ranula and a discharge of pus into the mouth.

Thirdly, the stone occasionally becomes encysted. It may give rise to no symptoms, but sooner or later it will probably cause secondary inflammation, with acute symptoms, such as pain and tenderness. It is illustrated by this specimen. No doubt the man had had a stone there for some years, and a month before he came to the hospital the gland swelled up much more and became very tender and painful. I show you the stone, which was lying in a chronic abscess with very thick walls.

Fourthly, what may happen is that the stone in the salivary gland, just as in the case of stone in the kidney, may set up suppuration around the gland from perforation, or the spread of the inflammatory trouble through. So that an abscess will form beyond the gland, and this may burst and give rise to a sinus discharging pus. A case was recorded not long ago in which a man had cellulitis of practically his whole neck, and was acutely ill. Not only had he that, but a considerable swelling of the floor of the mouth and tongue, and he was looked upon as a case of angina Ludovici. It was treated by incisions and so on, and, luckily, the acute symptoms disappeared. After they had subsided it was found that he had an abscess under the jaw on one side, and when that was freely opened up it was found to communicate with a salivary gland in which there was a calculus encysted. It had thus given rise to a peri-glandular abscess, which had led to a spreading cellulitis of the neck.

Another result which is occasionally produced by salivary calculus is fistula. A stone presumably becomes impacted in the duct, and the duct gives way behind it, or suppuration occurs in the gland and the duct behind the obstruction, and the fistula results.

Lastly, we have to consider the possibility of irritation by the stone, giving rise eventually to malignant disease, a condition which Mr. Golding-Bird thought had happened in the case in which the gland was removed, as the gland was so very hard and there was a history of a chronic swelling which had latterly got very much worse.

Acute ranula then is far more common than anything else, and it always occurs after food. Secondly, inflammation of the gland may occur. Thirdly, a stone may become encysted, and remain indefinitely without further symptoms. Fourthly, there may be suppuration, extending more or less down the neck. Fifthly, there may be salivary fistula, and finally, there is the possibility of malignant disease.

Supposing a patient comes to you with symptoms which suggest the possibility of a calculus in the salivary gland, how shall you make a diagnosis? The history, if it is at all typical, leaves very little room for doubt. So if you saw a person with these typical attacks of acute ranula and you found the gland slightly enlarged from the chronic congestion, and if on examination you could feel a hard lump in the course of the duct, you would be certain there was a calculus present. If no lump can be felt, there is more doubt about the case, and in such cases the stone is conceivably in the gland, not in the duct. There are only one or two conditions likely to be confused with calculus on account of similarity of symptoms. First, there is the presence of a foreign body, either in the gland or in the duct; such a body might get washed backwards and forwards and block the duct, and so cause symptoms identical with those of calculus; but the treatment is exactly the same, so the diagnosis does not matter.

Having got such a history, you will carefully examine the salivary glands from the outside, to see if there is any enlargement compared with the opposite side; then also examine the duct from inside the mouth. You will then be almost certain to find something which will make it evident that the patient has a salivary calculus.

With regard to treatment, that must vary to some slight extent according to the position of the calculus. If you have reason to suppose there is a calculus in the submaxillary gland—for it is far commoner there than in any other part—and that it gets washed backwards and forwards into the duct, or that there are many small calculi and they occasionally block the duct and get passed, the reasonable thing to do, especially as you know the orifice of Wharton's duct is very small indeed, is to freely enlarge that orifice, so that the stone will be less likely to be impacted, and secondly, if it does reach the duct, it is more likely to be washed through the new opening. It is usually Wharton's duct, and if so it is easy to do it. You apply cocaine to the floor of the mouth, look for the orifice of the duct by the side of the frænum of the tongue, pass a fine bristle into it, and slit it up with a small knife or scissors. If you cannot find the orifice or get your instrument into it, make it tense and cut it across first, and then you will be able to pass your probe in, and enlarge it as much as you wish. If on examination you find a stone impacted in the duct, the treatment is simple; to apply cocaine over the surface, make an incision, and scoop the stone out. That was done in the second and fourth of my cases.

The question which next arises is, How you are to treat those other cases in which, in the first place, slitting up the duct has failed to relieve the symptoms. It may become a very serious thing indeed for the patient if he gets a swelling of his face every time he eats anything, and the student I have spoken of was in considerable distress when he came first, because after every meal he had a swelling of his submaxillary gland. So when slitting of the duct has failed to bring relief, the only treatment which appears to be of avail is to remove the whole gland. You must satisfy yourself where the stone is, and if it is in either the submaxillary or the sublingual, you can cure the patient by removing the gland, and at the same time do no harm, because the removal of one gland does no harm at all. If, on the other hand, the stone is in the parotid gland, the only thing you can do is to carefully explore it, and if you can feel any mass to try to shell it out from the outside. Stones in the parotid gland are very much more difficult to deal with than those in the submaxillary or sublingual. But out of these eighty-nine cases there were only two there, so it must be rare to have to deal with anything of the kind. Again, if you have reason to suppose that there is an encysted stone keeping up irritation in one of the glands, the treatment is the same, namely, removal of the gland itself.

Thirdly, if suppuration is occurring, causing abscess, the treatment will be to open the abscess in the first place, as was done in the case in which there was acute cellulitis, and naturally you would afterwards have to investigate the cause of the suppuration and persistent sinus, and that would no doubt lead to the gland. In that case, if you made the diagnosis of encysted calculus, or one setting up periadenitis, the only treatment is to remove the calculus or gland, or preferably both, because probably there are such permanent changes in the gland that it is of no use, and may give rise to further trouble.

Lastly, we have to consider how to treat cases in which we find a fistula. If you find a definite obstruction in front of the fistula, caused by a calculus, the treatment is quite easy; it is simply to make an incision over the stone and remove it. If, on the other hand, it is not evident where the stone is, or how it is causing the fistula, the only treatment in the case of the submaxillary and sublingual is to remove the gland itself. In the case of the parotid gland, various plastic operations have been done for closing the fistula and making a new opening into the mouth behind the fistula.

To rapidly recapitulate, having diagnosed salivary calculus, if it is obvious in the duct it is easy to remove it from the mouth. If it is not obvious and you have reason to suppose from the history of acute ranula that the calculus gets into the duct, all you need do is, in the first instance, to slit up the duct or divide it, and give the stone a chance of being washed out. If that has failed, and the stone is encysted in the gland, or is setting up suppuration, or has caused fistula, the proper treatment is to remove the gland, if that is possible—and it is possible in the case of the submaxillary and sublingual glands. In the rare cases in which it is in the parotid you might explore the gland and try to remove the calculus from the outside.

## Change of Address.

Dr. J. A. Butler, from Hillside, Widford, Ware, to Donnybrook, Addiscombe Road, Croydon.

Dr. C. H. Reinhold, from Clovelly, Park Road, West Dulwich, S.E., to St. John's Hospital, Lewisham, S.E.

Captain A. F. A. Howe, L.D.S., from c/o Principal Medical Officer, Portsmouth, to c/o Principal Medical Officer, Salisbury.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# THE HOSPITAL APPEAL.

### Second List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 33,002 | 18 | 0 |
| "A Thank Offering" ... ... ... ... | 5,000 | 0 | 0 |
| Rt. Hon. Viscount Portman ... ... ... | 1,000 | 0 | 0 |
| Anonymous ... ... ... ... ... | 500 | 0 | 0 |
| The London & Westminster Bank, Ltd. ... | 262 | 10 | 0 |
| Messrs. Glyn, Mills, Currie & Co. ... ... | 262 | 10 | 0 |
| "A. H."... ... ... ... ... ... | 250 | 0 | 0 |
| Messrs. Barclay & Co., Ltd. ... ... ... | 210 | 0 | 0 |
| The Worshipful Company of Goldsmiths ... | 200 | 0 | 0 |
| London, Brighton & South Coast Railway | 105 | 0 | 0 |
| Messrs. John Swire & Sons ... ... ... | 100 | 0 | 0 |
| The Owners of the Humphery Estate ... | 100 | 0 | 0 |
| Louis E. Raphael, Esq., per Mrs. M. T. Martin | 52 | 10 | 0 |
| Claude J. Montefiore, Esq. ... ... ... | 50 | 0 | 0 |
| Rt. Hon. Lord Cottesloe ... ... ... | 50 | 0 | 0 |
| Mrs. W. T. Martin's Collection ... ... | 30 | 0 | 0 |
| Messrs. Hoare, Miller & Co.... ... ... | 26 | 5 | 0 |
| Messrs. Hoare, Wilson & Co. ... ... | 25 | 0 | 0 |
| James P. Currie Blyth, Esq. ... ... | 25 | 0 | 0 |
| Further Amounts under £25 (including Contributions to Million Shilling Fund up to the 17th inst.) ... ... ... | 776 | 7 | 6 |
| | 42,028 | 0 | 6 |
| *Less* Messrs. Anderson, Anderson & Co.'s Donation of £52 10s. specially allocated to the Re-Endowment Fund ... ... | 52 | 10 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £41,975 | 10 | 6 |

## Letters from Indian Natives.

Dear Sir,—I beg to enclose the two following letters for the authenticity of which I can vouch. They were writted by two Indian natives to the lady-doctor of the Mission, and are I think worth printing:—

P.

Kind and Fair Madam,

I have pleasure to inform you that my dear unfortunate wife will no longer be a patient of yours, she having left this world for the next on Feb. 27 last. For your kind help in this matter I shall be ever grateful.

Dear She,

My wife has returned cured from your hospital. If a male person is allowed to enter your bungalow I should like to come and see you. I will not attempt to reward you. Vengeance belongs unto the Lord.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Second List of Collections.

(Received up to Monday, April 17th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 7,855 |
| Addison, Sister—Miss Irvine, 1; D. Gilpala, 1; J. Wellard, 2 ... ... ... ... ... | 4 |
| Air, S. H. C. (5s.)—P. Appleby, 21; Mrs. P. Appleby 5; E. E. Capern, 2 ... ... ... | 28 |
| Albam, Miss—M. J. Lloyd, 1; Rev. M. E. Alban, 1 | 2 |
| Allen, Miss—Anon. ... ... ... ... ... ... | 1 |
| Amy, Sister—E. B. A. ... ... ... ... ... | 1 |
| Anderson, Miss—F. P. Scholté ... ... ... | 21 |
| Anon. ... ... ... ... ... ... ... ... | 1 |
| Archbold, Miss C. (26s.)—Miss E. Craig, 10; J. Crosby, 10 ... ... ... ... ... ... | 20 |
| Arnold, Miss C. W.—The Duke of Beaufort ... | 5 |
| Ashford, Miss M.—Mrs. O. Purchase, 10; Mr. and Mrs. Scott, 30; Vicomtesse D'Arcy, 20; E. E. B., 2; A. J. B., 2; B. B., 2; E. C., 1; Mrs. F. Wen, 1 ... ... ... ... ... ... | 68 |
| Badcock, Miss—Mrs. F. Morris ... ... ... | 1 |
| Barge, Mrs.—Mrs. S. A. Barlow ... ... ... | 2 |
| Barker, F. A.—Mrs F. Barker, 20; Miss A. Cockerton, 21 ... ... ... ... ... | 41 |
| Barnes, Mrs.—F. Claydon ... ... ... ... | 5 |
| Beatson, Mrs. W.—Mrs. Drew ... ... ... | 2 |
| Beckwith, F. H.—Anon, 5; H. C. Beckwith, 1; E. L. Beckwith, 1; Miss J. Beckwith, 2; Mrs. Surl, 2; G. Surl, 1; G. B. Beckwith, 3; Mrs. E. Beckwith, 2; A. C. Beckwith, 28; Mr. and Mrs. W. B., 6 ... ... ... ... ... | 51 |
| Bedwell, Miss L.—F. A. Hirtzel ... ... ... | 5 |
| Belcher, Miss—Miss G. F. Eastwood ... ... | 2½ |
| Bell, A. O.—Mrs. Bradnam ... ... ... ... | 5 |
| Beloe, Miss—R. D. Beloe, 21; Miss Cross, 10 ... | 31 |
| Bennett, Miss E.—Lady Kekewich, 1; Mrs. E. Moon, 1; Miss H. Kekewich, 1; Mr. E. Moon, 1; Mrs. H. Baker, 1; Miss Freshfield, 1 ... | 6 |
| Bentinck, Lady Henry ... ... ... ... | 500 |
| Bentley, R. J. (13s.)—R. Whytehead, 4 ... ... | 4 |
| Benton, Miss—E. B. Francis, 100; Mrs. Benton, 7 | 107 |
| Bevan, Miss—G. Knight ... ... ... ... | 1 |
| Bisshopp, Dr. F. R. B. (5s.)—Miss F. P. Bolton, 21; Mrs. Harris Gastrell, 100; Miss Goldie, 10; Mrs. Rogers, 5; C. C., 5; A Wellwisher, 20 ... | 161 |
| Black, Dr. Kenneth—Anon, 1; Anon, 4 ... ... | 5 |
| Blanche, Sister—collected by Mrs. Chatfield ... | 37 |
| Bois, Miss—Mrs. Grant ... ... ... ... | 2½ |
| Booth, Dr. E. H.—Mrs. W., 21; E. H. Booth, 23; Mrs. G. Watkins, 5; Colonel and Mrs. Carrington, 21; H. Hatherley, 40; G. Lollison, 10 ... | 120 |
| Carried forward ... | 9095 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 9095 |
| Bones, Miss H.—N. W. Grieve, 10; Mrs. N. Grieve, 10; A. M. F. T., 2 ... ... ... | 22 |
| Bonsor, Miss (collection) ... ... ... ... | 132½ |
| Bonsor, Miss Ethel (collection) ... ... ... | 151 |
| Bonsor, B. (41s.)—C. E. G. and A. G., 5; B. C. W., 1½; E. L. W, 4; Lady Graham Moon, 20 | 30½ |
| Blott, Miss—W. Towen ... ... ... ... | 7 |
| Bown, Revd, P. H.—Miss Jeffray ... ... ... | 20 |
| Brereton, Miss K. B.—(5s.) Mrs. Montefiore, 10; Mrs. Higginbottom, 5 ... ... ... ... | 15 |
| Bright, Sister (90).—W. H. Passby, 5; Miss Matthews, 2; R. Dunsmore, 21; Mr. and Mrs. Richardson, 5; Mr. and Mrs. Morris, 5; Mrs. Senior, 6; Lawton Moore, 20; W. R. Sandry, 20; Misses Peake, 4; Miss Lloyd, 40; Mrs. Barry, 3; J. King, 1; Misses Cox, 3; Mr. and Mrs. Jeggo, 5; The Dowager Lady Hunter, 60; Mr. and Mrs. Jarman, 10; Mr. and Mrs. Turner, 5; Old Patients, 4; Miss Witcombe and others, per Miss Hunter, 20 ... ... ... ... | 239 |
| Brook, Dr. W. F.—Mr. Batchelor, 5; Mr. Owen, 5; Dr. Brook and family, 5; Mrs. Sharland and family, 10 ... ... ... ... ... ... | 25 |
| Brookhouse, H. O—M. P., 2, J. T. P., 1 ... | 3 |
| Browning, S. H.—A. L. Valentine ... ... ... | 5 |
| Buckell, C. A.—F. Moeller, 15; A. Moeller, 10; Mrs. Buckell, 20; Mrs. Maples, 2; A. Capper, 5; collected by C. A. B., 6 ... ... ... ... | 58 |
| Bulmer, Miss F. de—Miss Field ... ... ... | 5 |
| Butt, F. K., Esq. ... ... ... ... ... | 500 |
| Cawley, Miss—A. Tarbolton... ... ... ... | 5 |
| Champion, Miss—A. Delcomyn, 10; Mrs. Gregory and family, 6; Mrs. Browning, 2; Mrs. Wotherspoon and family, 5; Miss Doris Jones, 4; Mr. Champion and family, 8 ... ... ... ... | 35 |
| Charlesworth, Mrs. ... ... ... ... ... ... | 5 |
| Clarke, Miss A. H. ... ... ... ... ... ... | 5 |
| Clemow, Miss—Miss Sanders, 1; H. W. Clemow, 20 | 21 |
| Cobb, Dr. W. E.—M. Cobb, 12; H. Stocken, 10; E. F. Stocken, 5; W. E., 1 ... ... ... | 28 |
| Cockin, Miss—Mrs. Cockin, 2½; H. J. Wilson, 2... | 4½ |
| Colbran, Miss D.—Mrs. A. Coe, 1; Mrs. Rollason, 1; Miss L. S. J. Rollason, 1 ... ... ... | 3 |
| Cole, Miss (42s.)—Miss Christine, 7 ... ... | 7 |
| Collins, Miss (10s.)—Mrs. Gould, 5; Mrs. Collins, 5; Anon., 2; Anon., 1; Miss L. Wheeler, 1; F. W. Franks, 21 ... ... ... ... ... | 35 |
| Connolly, Miss M.—Mrs. Macrory ... ... ... | 5 |
| Cordeaux, Mrs. (1s.)—Mrs. Goddard, 3; Anon., 1; Miss Kennett, 1 ... ... ... ... ... | 5 |
| Corin, H. J.—H. W. St. John ... ... ... | 10 |
| Crawter, Miss R.—Miss M. A. Crawter, 1; F. F. Lambert, 10 ... ... ... ... ... ... | 11 |
| Creasy, Dr. Rolf—Mrs. Christie ... ... ... | 200 |
| Crossley, Miss ... ... ... ... ... ... | 20 |
| Cuff, Dr. Robert—Mrs. Cross ... ... ... | 20 |
| Curry, W. J.—W. H. C., 10; M. A. B., 3; E. G. C., 2; E. A. A., 2; J. A., 3 ... ... ... | 20 |
| Day, F. G.—H. M. Lendis ... ... ... ... | 1 |
| Dean, Miss—Mrs. Wood ... ... ... ... | 1 |
| Dickenson, Miss (2s.)—M. Hammond, 5 ... ... | 5 |
| Dimond, Mrs. Herbert (2)—Mr. and Mrs. Dimond and Friends ... ... ... ... ... | 44 |
| Dixon, Mrs. (27s.)—S., Broxbourne ... ... | 2½ |
| Dobson, Dr. T. H. B. (240s.)—Miss Sherson, 5, E. Holt, 200 ... ... ... ... ... ... | 205 |
| Carried forward ... | 11006 |

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| Dod, Mrs. | 2½ |
| Dorcas, Sister (84s.)—Mrs. Groom, 10½; Miss J. Mollison, 5; Mrs. Faithfull, 12; D. Hackelton, 10; Miss H. L. Mollison, 5 | 42½ |
| Drury, Dr. C. D. H.—Anon. | 1 |
| Dryland, G. W.—B. A. C., 21; C. R. Crossley, 42 | 63 |
| Duke, Mrs.—Anon, 5; Mrs. Duke, 10; E. Duke, 10; H. E. Duke, 20... | 45 |
| Dunlop-Martin, G.—E. M. Tufnell... | 10 |
| Dunn, T. A., Esq., M.S.—Mr. R. Lock | 1 |
| Durrant, A. R.—Jonathan Andrew... | 10 |
| Du Santoy, Miss (3s.)—C. M. Challis, 19; Miss M. Jenkins, 1 | 20 |
| Eason, Dr. H. L.—Rev. A. Fletcher, 1; Miss Eason, 2 | 3 |
| Edwards, Miss M. S.—H. K. Toulmin-Smith, 1; Mrs. R. Hunt, 1; Miss Popkin, 1; Miss M. S. Edwards and family, 7 | 10 |
| Egles, Miss—W. P. Egles, 44; E. Egles, 5 | 49 |
| Eleanor, Sister (5s.)—E. M. Hughes | 8 |
| Elphick, Miss—Anon | 3 |
| Elsie, Sister (111s.)—M. A. C., 5; M. G. C., 5 | 10 |
| Elwood, W.—The Elwood Family | 20 |
| Evelyn, Sister (36s.)—Mrs. Zimmern | 20 |
| Farrant, Edward—Miss S. Farrant, 1; E. Farrant, 10; S. Farrant, 1 | 12 |
| Farr, Miss F.—R. R. H. | 1 |
| Faull, Miss (10s.)—Miss Lomax | 2½ |
| Fawcett, Miss M—W. Harding | 21 |
| Fenn, F. J.—F. Allen, 10½; Messrs. Freeman & Freeman, 10 | 20½ |
| Ferrier, Dr. J. C. (5s.)—A. S. B., 2; A. K., 1; H. B., 2 | 5 |
| Field, Miss Grace—W. J. Palmer | 40 |
| Finnemore, Miss K. E. (210s.)—Mrs. Boles, 3; Add, 1... | 4 |
| Flower, N. –L. W. S., 5; G. T. Chafyn-Grove, 10 | 15 |
| Forty, Dr. D. H.—Lady Lee, 42; Mrs. A. King, 60; S. Cunnington, 3 | 105 |
| Fothergill, C. F.—L. S. and L. J. Langmead | 10 |
| Fraser, Miss (2s.)—Mrs. Goddard | 2½ |
| French, Mrs. Herbert—Miss M. Bartlett, 5; Mrs. Lloyd Owen, 3; Mrs. Mann, 2 | 10 |
| Galton, Miss Ada—Mrs. Galton | 7 |
| Galton, Miss Bella—Mrs. Galton, 7; S. L. A., 1 | 8 |
| Galton, Miss K.—Mrs. Galton, 7; S. L. A., 1 | 8 |
| Galton, Dr. J. H. (541s.)—Mrs. Coote, 21; E. L., 4 | 25 |
| Gann, Mrs. (1s.)—A. Elmer, 1; H. Gann, 1½; Mrs. Ravenshear, 1; A. C., 1; Miss Gann, 3; A. Worsley, 1; F. G., 1; Miss Lee, 1 | 10½ |
| Gardiner, Dr. J. N.—S. Bacon | 10 |
| Garland, Miss E.—J. T. Hildyard | 20 |
| Garnet, Miss—W. Halstead | 1 |
| Garside, Miss (4s.)—Miss Baxter, 2; W. A. Hope, 2; Mrs. Mason, 1 | 5 |
| Gertrude, Sister—Mrs. Barclay, 10; Mrs. and Miss Stearns, 3; A. E. Stearns, 10 | 23 |
| Gibson, H. G.—W. Collinson | 2 |
| Gibson, Dr. J. H. (36s.)—W. Reavell | 10 |
| Golding-Bird, Mrs.—Misses E. L. Baber, 10; Mrs. McKenzie Bradley, 5 | 15 |
| Grainger, Mrs. A. | 5 |
| Grimwood, Miss (2s.)—Miss French | 1 |
| Grundy, Miss E. B. (10s.) J. D. Welch, 1; Miss Price, 1 | 2 |
| Carried forward | ...11725 |

| Name. | Shillings. |
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| Gull, The Hon. Lady—Lady Carbutt, 10; Miss Morrison, 20 | 30 |
| Guthrie, Miss M.—M. E. Jacobs, 5; J. G. Wood, 5; T. S. D., 1; Kenneth Hughes, 1; J. Guthrie, 1; H. F., 1; T. W. T., 1; T. Steptoe, 1; F. Goodger, 1; T. Christmas, 1; P. E. E., 1; A. E. R., 1; J. Kimick, 1... | 21 |
| Hallaham, Miss A.—Rev. O. Garwood, 1; Dr. V. Smith, 1; R. C. Bacon, 1; Mrs. Garwood, 1; Mrs. V. Smith, 1; S. W. Stuper, 1 | 6 |
| Halfacre, Miss—Miss A. Halfacre, 6; E. Halfacre, 3 | 9 |
| Hall, Miss B.—R. W. Clarke, 1; H. C. Orridge, 1; Mrs. Moss, 2; Miss H. E. Hall, 2; Miss B. Hall, 2 | 8 |
| Hall, Miss J. (25s.)—E. Vicary | 10 |
| Hammond-Smith, Dr. (3s.)—Bowman-Smith | 1 |
| Hardenberg, Dr. E. F. H., (collection) | 161 |
| Hardon, Miss G.—Mrs. Montague-Jones | 10 |
| Harper, R. S. (10s.)—"Uplands," 8; R. S. Harper, 5 | 13 |
| Harrison, Mrs. T. H.—O. Smith-Bingham, 5; Mrs. Hollingsworth, 5; A. E. Harding, 1 | 11 |
| Harvey, Miss (7s.)—Mrs. K. Jones, 10; Miss C. Houlson, 7 | 17 |
| Heath, Miss (42s.)—Rt. Hon. Viscount Portman, 100; H. and C. Ferry, 42; Capt. J. F. Laycock, 100 | 242 |
| Heffer, Miss—Miss Cornish, 1; Mrs. Finzel, 1; Anon. 1; Mrs. Randall, 1 | 4 |
| Hamlin, Miss—Miss F. Tearmouth | 2 |
| Herbert, Miss—Mrs. Allfrey, 20; E. M. Conder, 20 | 40 |
| Hickman, Dr. H. V.—Mrs. Hutt | 5 |
| Hicks, Mrs. H. T.—Mrs. Schuster | 42 |
| Higson, Dr. J. R. (178s.)—2nd collection on Stock Exchange by W. M. Graham | 23 |
| Hill, Miss D.—Miss Hartnoll | 21 |
| Hinton, Dr. Joseph | 21 |
| Hodson, J. E.—Capt. P. S. Huth, 21; R. H. Beard, 5 | 26 |
| Hope, Mrs. | 20 |
| Huggett, Miss E.—Miss McN. Sharpley, 10; Miss H. Gladstone, 100; Miss Gurney, 2½; Mrs. Huggett, 1; Miss Egles, 1; Miss E. Huggett, 3½; Lady C. Browne, 5; Miss B. Huggett, 1; Jack, 1; Imp, 1; Dandy, 1; Miss D. Simson, 3; H. E., 1; Miss F. de G. Merrifield, 2½; Miss G. McGroben, 5... | 138½ |
| Hughes, E. C.—Miss H. S. Jervis | 10 |
| Hutchinson, Miss E.—F. Nettleford, 100; Mrs. E. Wylie, 10 | 110 |
| In Memoriam—E. J. W. | 500 |
| Isolation, Sister (58s.)—Miss E. E. Smith, 5; Collected by Miss R. Curtis, 15 | 20 |
| Jackson, F. D. S.—F. Selmes Jackson | 600 |
| Janmahomed, H. J.—E. P. Samson, 3; S. E. Kurwa, 25 | 28 |
| Jenkinson, Mrs.—Mrs. Fogg, 1½; Miss Jenkinson, 1; Anon., 1; E. B., 1 | 4½ |
| Jewell, Miss—Miss B. Atkins | 1 |
| Job, Sister—Mrs. Rapier, 21; Stephen S. Goodman, 55 | 76 |
| Johnson, Miss—R. H. Clarke | 25 |
| Jower, H. L. (25s.) Anon. | 2 |
| Joy, Miss M.—Mrs. Wake | 5 |
| Kate, Sister (21s.)—Mrs. Bird, 5; Miss A. Wallis, 5 | 10 |
| Kemsley, Miss G. | 1 |
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| Name. | Shillings. |
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| Kernahan, Miss—Mrs. E. M. Nutter, 5; W. Sands Jackson, 5 | 10 |
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| Knight, Miss A. (5s.)—Miss Whiting | 1 |
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| Lawrence, Miss E. C. (5s.)—Sister Read, 2; Miss Lawrence, 7 | 9 |
| Layton, Miss H. M. | 2½ |
| Lazarus, Sister—J. Lole, 1; Patients, 20; H. R. Bowles, 3; G. Murdock, 1; H. Boucher, 5 | 30 |
| Leatherdale, Miss F.—Misses Fenning | 1 |
| Leedham, Miss—Miss Kent, 10; Mrs. Dawson, 5 | 15 |
| Leeds, Mrs. | 2 |
| Leeming, A. N.—W. A. Read, 15; E. J., 1; G., 1: C. Syers, 1; A. Moore, 1; Mr. Butler, 20; Mrs. Mace, 2; Mrs. Harding, 5; Miss E. Pyatt Moore, 1; Miss F. Pyatt Moore, 1 | 48 |
| Leigh, Miss (1s.)—A. E. Clark, 5; A. Boocock, 10; Anon, 2 | 17 |
| Lilian, Sister—Mrs. Christine Peake | 20 |
| Lloyd, E.—Miss D. Lloyd | 4 |
| Lobb, E. L. M. (21s.)—E. Atkins | 21 |
| Lucas, Dr. Herbert—Mrs. Gatward, 5; The Misses Foster, 20 | 25 |
| Lydia, Sister (84s.)—Miss P. Farrar | 1 |
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| McCalmont, Miss H.—Mrs. Lint, 5; a Nurse, 2 | 7 |
| Mackay, Miss (351s.)—Capt. J. Calder, 5; Miss Lloyd, 2½ | 7½ |
| Maggs, Mrs.—Mrs. Aston, 20; Mrs. J. Hankey Dobree, 4; Mrs. E. A. Barnett, 5 | 29 |
| Mann, Miss—M., E., A., E. and J. Mann | 6 |
| Mansel, Miss E. A. | 50 |
| Marjolies, Ivor—C. Stone, 5; J. Ford, 10½; Mrs. Isaacs, 1; Miss Bergson, 1 | 17½ |
| Martin, Mrs. M. T.—Ernest Dresden, 210; Miss E. Joseph, 100; Miss L. Joseph, 100 | 410 |
| Mason, Miss Lisa—Miss Lisa M. Grant | 37 |
| May, W. N.—Daniel May, 21; Mrs. W. May, 20; Edmund May, 60 | 101 |
| Millar, Miss—W. Palmer, 2½; R. Wells, 10; A. Wells, 21; E. Plummer, 10 | 43½ |
| Millar, Messrs., W. R., & Sons | 500 |
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| Rees, Mrs. Arthur—Mrs. Cooper, 1; Mr. W. Knibb, 1; Mrs. C. Walton, 1; Incandescent Light Co., 1; Mr. and Mrs. A. Rees, 2½; M. C., 1 | 7½ |
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| | 19279 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 3205 |
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## Papers by Guy's Men.

A Rare Form of Dislocation of the Ankle. By Thos. Eastes, M D., F.R.C.S.—*British Medical Journal*, April 8th, 1905.

A Case of Purulent Carditis in an Infant: Operation: Death. By J. A. Coutts, M.B., F.R.C.P., and R. P. Rowlands, M.S., F.R.C.S.—*Ibid.*, 15th April, 1905.

Hunterian Lectures on the Dissemination of Mammary Carcinoma. By W. Sampson Handley, M.D., M.S. Lond., F.R.C.S. Lecture II. Illustrated. — *Lancet*, April 15, 1905.

Lettsomian Lectures on the Mental Disorders of Decay. Lecture III. By George H. Savage, M.D., Lond., F.R.C.P.—*Ibid.*

# Pupils' Physical Society.

The last meeting of the Session was held in the College on March 11th, at eight o'clock, when Dr. Newton Pitt occupied the Chair. There was a good attendance. The minutes of the previous meeting having been read and confirmed, the Chairman announced the award of the Society's prizes.

The first prize of £10 for the best paper of the Session was awarded to Mr. R. G. Anderson for his paper on "Thrombosis and Embolism as Complications of Surgical Operations."

The committee also recommended that a second prize of £5 be awarded to Mr. K. H. Digby for his paper on "The Evolution of Mind."

Messrs. Digby, MacAlister and G. C. F. Robinson were nominated and duly elected as Presidents of the Society.

The honorary secretaries having resigned with regret, it was announced that Dr. French and Mr. Hicks had consented, on the invitation of the Presidents, to fill the vacant posts.

The Chairman then called on Mr. Mollison to open the discussion on—

## THE TREATMENT OF TUBERCULOSIS OF THE RESPIRATORY TRACT.

### MODES OF INFECTION.

Mr. Chairman and Gentlemen,—Infection can be conveyed mainly by two paths: inhalation and the respiratory tract direct, or ingestion and the lymphoid tissue all along this tract. As a general assertion, it may be said that infection in adults is by inhalation, and in children by ingestion.

The obvious path is inhalation, considering the ubiquity of bacilli and universal exposure. When we consider the amount of dried tubercular bacilli, which must often be in suspension in the atmosphere, infection by inhalation would appear obvious; but this is not supported by facts.

The incidence of infection in Brompton and Victoria Park, nurses and attendants, etc., is less than in a series of selected insurance lives.

Dr. Aufrecht's view is as follows:—Infection does not take place by inhalation, nor do the bacilli penetrate the membrane of the respiratory tract, but are taken up by the membrane of the digestive tract, especially the tonsils, mostly in childhood, and taken to the blood per lymphatic glands.

Probably in any case, even in inhalation, infection occurs in glands first and then in the lungs. Tubercle bacilli are able to pass through membrane without leaving any obvious lesion, and this has been shown to occur in the case of the trachea and the bronchi, also of the intestinal tract, by Sidney Martin, who fed pigs on tuberculous material. Though no lesion was found all became tuberculous.

Infection by ingestion does occur in children, at least to a great extent. Thus the mesenteric glands are infected, then the retroperitoneal glands, and so the bronchial glands and the lungs.

Dr. Walsham has seen several cases in post-mortem work where the mesenteric glands were caseous, the bronchial glands tuberculous, and the lungs infected secondarily—an upward infection. The same observer also quotes several post-mortems where there was early phthisis and advanced ulceration of the gut with caseous mesenteric glands.

Koch denied that infection occurred in children from cow's milk, or, at least, that it was very rare. This seems untenable as some of the following facts show:—

In an orphan home in Munich, of 613 only one was tuberculous, where more than half had phthisical parents. Again an absolute proof. A healthy infant, with healthy parents, was fed on milk from one cow; it died in four months from tabes mesenterica, the cow was killed and tubercle bacilli found in milk.

Lastly, to consider infection from the tonsil and the lymphoid ring round the pharynx, which must be constantly bathed with micro-organisms and should be a frequent source of infection. Walsham found, in thirty-two consecutive cases of phthisis, tuberculous tonsils in twenty.

Adenoids.—Case quoted of woman who developed phthisis after having adenoids scraped. Case from Walsham. Tubercles are seldom found in adenoids.

## THE OPEN AIR TREATMENT OF PULMONARY TUBERCULOSIS.

By Mr. G. C. F. Robinson.

Mr. President and Gentlemen,—This treatment consists in the use of three agents:—

1. Fresh air.
2. Suitable diet.
3. Exercise.

Exercise should be regulated for the most part by common sense, and can be carried out at home or in a special sanatorium, preferably in the latter at first, though the after-treatment has to be continued at home.

*The suitability of patients for open air treatment* has to be gauged by the rectal temperature, so that a patient should be under observation for a time before it is finally settled whether he is a suitable case or not.

Rapid pulse and marked dyspepsia are no contra-indication.

Unsuitable cases for treatment are the following:—

1. General tuberculosis.
2. Some cases of fibroid lung with failing circulation, as they cannot stand the cold or the increased diet.
3. Cases with inflammatory complications such as pleurisy, bronchitis, or pneumonia.
4. Hopelessly extensive cases with both lungs involved. (These cases, however, die more comfortably under the treatment, as much of the sense of illness and night sweating disappears, but their death is not materially retarded.)
5. Severe laryngeal tuberculosis.

*The routine.*—It is usual to start each patient with a complete rest in bed until the temperature is reduced to normal.

Often this alone will improve the appetite, slow the pulse, and bring down the temperature.

Some authorities say that the patient should be acclimatised. Start with the bed in the centre of the room, all windows of course open; after a week bring the bed right under the window, and later remove the bed out of doors by day and lastly by night as well.

The diet should contain more fat than a normal individual's diet, and the following is a good standard :—

| | | |
|---|---|---|
| Proteid | 4½ ounces. | Contained in meat 5 ounces, milk 3 pints, eggs 1, porridge plateful, bread 8 ounces, butter 2 ounces, potatoes, etc., 4 oz., puddings, plateful. |
| Fat | 5 „ | |
| Carbohydrates | 10½ „ | |

This may be increased with discretion. Contra-indications to increasing diet are :—

1. Abdominal disease.
2. Fibroid lung, with feeble circulation.
3. Weak heart.
4. Dyspepsia which is in excess of that due to the tuberculosis.
5. High fever.

Study the patient's inclinations to a reasonable extent.

The following figures give the average length of time required to bring the temperature down to normal in a series of cases.

| Average Max. Temperature in First Week. | Number of Cases. | Percentage which became normal. | Number of Weeks required. |
|---|---|---|---|
| 99° — 99·5° | 37 | 87·5 | 3·6 |
| 99·5°—100° | 18 | 54·4 | 5·7 |
| 100°—100·5° | 11 | 46·6 | 4·8 |
| 100·5°—101° | 9 | 34·2 | 6·5 |
| 101°—101·5° | 6 | 37·5 | 17·5 |

The routine when the patient is convalescent is as follows:—Morning visit by the doctor. Glass of milk while dressing. Breakfast at 9.0. Rest on long chair out of doors till 11.0. Another glass of milk. Exercise for one hour, walking. Rest on chair for one hour. Lunch at 1.0. One hour rest on long chair. One more hour's exercise. Tea 4.30, with much butter. Dinner 7.30. To bed at 9.0.

In the celebrated Nordrach treatment no stress is laid on the systematic rest out of doors, and no milk is given between meals, which are very much larger than most people can comfortably eat, otherwise the routine is very similar.

Treatment may have to be continued for two years, and have to be carried on at home for some years afterwards.

The final "hardening off" of the patient is completed when they can walk about twelve miles a day without any untoward symptoms.

Here are some results taken from the Falkenstein sanatorium. Of 132 patients sent out as "cured" in ten years, 99 were written to after a period varying from 3—9 years, and 98 replies were received.

72 had maintained their good condition.

11 had died from various diseases.

12 had relapsed and again recovered.

3 were still ill.

This makes 72·5 per cent. of good results lasting from 3—9 years. Roughly speaking, if the early cases are picked out 70 per cent. should be so far improved as to carry on their work as before.

*Result.*—Of all cases without selection :—

One quarter recover and are able to work.

One quarter do not improve.

Half are benefited, but have to live as invalids.

Mr. J. Goss gave an account of the preparation of Koch's tuberculin and of the various modifications which have been used. He discussed their properties, therapeutic and diagnostic uses, and the disadvantages and dangers attending their administration.

## ON THE SUBJECT OF COMPULSORY NOTIFICATION AND STATE REGULATION.

By Mr. J. Sephton Cooper.

Mr. Chairman and Gentlemen,—The papers you have just heard, deal with the modes of infection and the treatment of tuberculosis. Would it not, however, be better to prevent the disease; and by compulsory notification and State regulation an attempt could be made to accomplish this. Further, in support of this I would urge that :—

First.—From the tremendous prevalence of this disease it becomes of national importance to limit it if possible. One in every seven deaths is a low estimate of its ravages.

Second.—It is an infectious disease. The experiments of Dr. Coates, of Manchester, prove this. He found tubercle bacilli in the dust and on the walls of nearly all houses in which consumptive patients had lived.

Third.—Much good has been done by compulsory vaccination, as could be done with compulsory notification of tuberculosis.

Fourth.—Cases of early phthisis are particularly hopeful if they can be brought under control.

To instance the great good that might be done, I will mention the system of voluntary notification in Manchester and several other cities.

The objects are :—

First.—The instruction o infected households in the proper management of cases, by means of visits from medical assistants.

Second.—Proper disinfection.

Third.—To collect data for further action.

Fourth.—The maintenance of continuous supervision over infected households.

Fifth.—The promotion of resort to proper hospital treatment. Proper sanatorium treatment is given to suitable cases. Hospital isolation is provided for advanced cases.

Thus the disease can be considerably controlled. Into the difficult question of municipal sanatoria, I will not enter.

The great objections to compulsory notification, are—

First.—It is contrary to popular sentiment; this could be overcome by proper education of the masses as to the dangers of tuberculosis.

Second.—It is difficult to diagnose early phthisis, but as phthisis is only infectious through the sputum, no case should be notified unless tubercle bacilli have been found in the system. There should be ample government facilities for making the examination.

Third.—It is impracticable. At Manchester the system works well and easily, with little complaint from the people.

Alderman McDougall, of Manchester, in his paper read before the International Congress on Tuberculosis, says that the system of voluntary notification, though imperfect, allows much useful work to be done.

In treating of general State regulations for the prevention of the disease, we must consider the modes of infection. In short, the following points need attention.

1. Systematic education of the people, on the proper means of combatting this disease, by means of lavish distribution of literature.

2. The prevention of spitting:

(*a*) Unnecessary spitting in public places should be a punishable offence as in New York and elsewhere.

(*b*) Necessary spitting of consumptives should be into spittoons or, better, paper, which can be destroyed.

3. The provision of open air spaces in cities.

4. The better housing of the working classes. More light and more ventilation.

5. Means for prevention of drunkenness. Alcohol is very favourable to the spread of tuberculosis.

6. More laws for the inspection of dairies and slaughter-houses. Our present laws, except in a few localities, are very inadequate on the subject of tuberculosis.

Much more might be said, but this will suffice to show how much could be done to prevent this most prevalent of all diseases.

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The Chairman having announced the discussion open,

Mr. Milsom defended the present system of inspection of meat for tuberculosis at Smithfield. State notification of phthisis was in his opinion impracticable owing to the large numbers suffering from this disease. Tuberculin did good in cases of tuberculous bladder.

Mr. J. Dell Bridger pointed out that sputum could already be examined for tubercle bacilli free of charge by the Bermondsey Medical Officer of Health.

Mr. Parker pointed out the enormous expense at the present time to the State, directly and indirectly, of tuberculosis, and said that State treatment direct would involve only a rearrangement, rather than an increase of expenditure, and the final cost would be very much less.

Mr. F. W. Morton Palmer spoke of the disadvantages and dangers of the diagnostic use of tuberculin.

Mr. R. G. Anderson also defended the present arrangements for the inspection of meat.

Mr. H. Watts said that the inspecting officer was not always a medical man, and that frequently a part of a carcass was condemned and the rest allowed to be sold. He did not think public opinion would allow compulsory notification of human tuberculosis, or that such a thing would occur until the State undertook all medical treatment.

Mr. Bell Walker quoted a case of squamous epithelioma which reacted to tuberculin. A rise of the rectal temperature after exercise occurred in the healthy as well as in the tuberculous, and was not therefore reliable as a sanatorium test of improvement.

Mr. Stevenson said that tuberculous joints were common in India, although milk given to children there was always boiled.

Mr. Ticehurst discounted the statistics of homes and sanatoria as to cures, and suggested that cases might be included in the figures in which neither physical signs nor bacilli in the sputum were present. Also spontaneous recovery often occurred without sanatorium treatment.

Mr. Mann said that medical inspection was needed in country districts as much as in towns.

Mr. A. R. Brailey alluded to the improvidence of the marriage of the tuberculous, to which Mr. Mollison replied that tubercle bacilli were not transmitted directly either by spermatozoa or the uterine passages.

The Chairman said that tubercle bacilli must be regarded as indigenous to the human being. Nagaeli had found evidence of tubercle, by inoculation or otherwise, in 97 per cent. of five hundred autopsies. In answer to a question about tuberculin and lymphadenoma, he said there was a close connection between that affection and tuberculous disease. Lymphadenoma might be called a paratuberculous process. The tonsil might be an unsuspected focus of tuberculous infection as in a case which was quoted. The probability of non-recrudescence in working men after sanatorium treatment depended on their earning capacity. If a man could only earn low wages and had to support a family he could not afford the necessary nourishment for himself. A photograph of a cheap shelter for home treatment was handed round. Most cases required no previous acclimatisation to open air treatment. Tuberculin was of great value as a diagnostic means.

The openers of the discussion then replied.

A vote of thanks to the Honorary Secretaries on their retirement was proposed by Mr. J. S. Cooper, seconded by Mr. Parker, and carried.

Mr. Cameron proposed, and Mr. F. W. Morton Palmer seconded, a vote of thanks to Dr. Newton Pitt, which was carried by acclamation. Dr. Pitt replied, and the meeting adjourned at 10.30 p.m.

# Notes from Paris.

## IMPRESSIONS OF PARIS HOSPITALS.

My first visit to a Paris hospital was paid to the Hotel Dieu, that fine building adjacent to Notre Dame. I had a letter of introduction to Dr. Lucas-Championniere, well known in England for his massage treatment of fractures. After rambling about the great hospital for some time I at last ran the celebrated surgeon to earth somewhere near the roof (pardon the "bull") where he was about to do an abdominal section. Dr. Championniere speaks English and is familiar with the work of our surgeons. As an operator he keeps to the older methods of antiseptic surgery and remains enthusiastic over carbolic acid and iodoform. His dressings are always the same; a few strips of iodoform gauze, a gauze pad with a compound antiseptic of similar nature, a huge bundle of sterilized peat fibre and then a simple flannel bandage pinned across the peat. Other Paris surgeons use very little dressings and always place a huge bundle of wool over them. Dr. Championniere showed me a case of malignant disease of the ovary upon which he had operated eighteen years ago. Eleven years later there was some recurrence for which he operated, and a few months ago he removed the womb for a second recurrence, and two weeks ago there was a third recurrence at the back of the bladder, though the patient looked remarkably well. He explained to me his treatment of fractures. Practically no splints are used unless there is any special deformity, but massage is carried out from the very first, a quarter of an hour daily by a masseuse or one of his assistants. A fracture at the lower third of the radius caused by the starting handle of a motor car was rather an up-to-date injury. Here massage and passive movements were being employed. That the results of the massage treatment are good both as to position, union and *time*, the radiographs afford excellent evidence. When one thinks of the simplicity of the treatment one shudders to recall all the elaborate apparatus of former times.

Another day I was present at an operation in the old-fashioned theatre downstairs. A crowd of men were around the operating table, and mixed up among us were several lady students, who took their chance with the rest. Some wore hats, so that to get a feather in your eye or a prod of a hat-pin in your neck is all in the day's work. Here I first saw the new Roth-Dräger anæsthetic apparatus. It is an elaborate affair in which the percentage of chloroform and oxygen can be exactly regulated. The advantages claimed are that the exciting stage is very short—practically nil—and there is remarkable freedom from asphyxia.

At the Saint Louis Hospital I saw a vast number of skin cases. It is the great syphilis hospital of Paris; the wards are crowded and the beds looked dirty. There seemed a great lack of nurses. I saw a patient smoking in bed, and later on I myself indulged in a weed in the fine museum of wax pathological models which are about double the number of those at Guy's. Many nurses are old healed lupus cases taken on to give them a "job." At another hospital I saw a nurse with half a nose! At Skin Outers the women come in first and the men overlap. I saw an old woman seated on a stool surveying with a mild eye a troop of half-naked men with a fine assortment of rashes. In the wards I saw a child with lupus of the upper lip and nose kissing another patient in a bed, and remarked upon it to a student. "Oh, it does not matter," he said, "the other has tubercular disease of the coccyx."

Another day in the women's ward what I saw filled me with surprise, which, however, disappeared with later experience. No screens are put round beds when a patient is examined; the others look on; the ward was crowded. I saw a case, in what I shall call the semi-lithotomy position. The surgeon inspected the parts, laughed out loud and went away, saying, "What a mixture!" A bed in the middle of the ward served as a gynæcological couch. A group of women stood near waiting their turn, and afterwards dressed themselves in full view of everyone. At the Broca Hospital, a morning with Pozzi is an interesting experience. The wards are the perfection of cleanliness, wide and roomy. Clean sheets were on the beds, but there was the usual scanty number of nurses. To see an operation, everyone has to don a holland overall. In a small room a woman was being put under chloroform; from there we rushed round the large ward in the rapid way cases are seen in France. I wondered when we should begin the operation. Suddenly a nurse ran in, saying "*Elle dort.*" We went in a body to the theatre and packed ourselves in the two galleries that overlook the operating table. It is an up-to-date place on the aseptic principle. Operator and assistants were clad in overalls, india-rubber gloves, linen caps and gauze masks. The operation was removal of uterus and appendages. After a careful "toilette," the wound was closed by the two assistants, a gauze drain wrapped in silver foil being hooked into the lower end of the wound. Seeing this was taken from an old coloured biscuit box, I afterwards asked an assistant if the box had been sterilized, and was told that it had been.

Pozzi and Tuffier are the finest operators I have seen in Paris, except Doyen, who, I imagine, stands above them all. I saw a good deal of Dr. Tuffier at the Beaujon Hospital; his methods of diagnosis are of the lightning order, like his operations. There is no discussion, "it is this or that," he says immediately as he examines. A paper is seized and a pencil taken from behind the nurse's ear. A sketch of the conditions is made and we pass on to the next bed. He operates in thread gloves, which he changes twice in the course of an operation, carried out with strict aseptic detail. The Michel metal clips were used instead of ordinary sutures for abdominal wounds: their application and method of removal are far superior to catgut sutures. I saw several operations by Tuffier under the new anæsthetic Stovain. Here are my notes of a case.

"Back washed with soap and water and alcohol. Hypodermic needle thrust into spinal column at point one

inch to right of median line of back on level of iliac crests. Spinal fluid exuded from needle; four centigrams (usual dose five) injected with glass syringe after mixing with spinal fluid in syringe. Collodion to close wound, five minutes and a half later complete anæsthesia over body below injection. Operation, amputation of leg above ankle. Time, four minutes; some difficulty with faulty saw. Patient did not feel anything but was a little hysterical once." Another case was operation for radical cure of hernia on both sides, time twenty minutes; woman felt nothing and looked quite easy. Tuffier has done over two thousand operations under Stovain without a bad result. The action lasts one hour and a half and there are no unpleasant after-effects. The usual meal can be taken directly after. An anæsthetist is, of course, unnecessary.

At the Cochin Hospital I met Dr. Widal—of Widal's test fame. The hospital is an old one and at present is undergoing metamorphosis. The old wooden pavilions, dirty and rotten, are giving place to excellent brick pavilions with every modern improvement. Dr. Widal is a genial man of fifty, and one morning under his direction an assistant gave me a special demonstration of "Widal's test" and I know not what besides in the laboratory.

At the Hospital de la Pitié I saw Dr. Walther operate, and was rather astonished to see how a patient was washed before he was under the anæsthetic. His belly, penis, and scrotum were scrubbed with a hard brush and soap and water. The patient made decided efforts of resistence but was promptly pitched into by the nurse for "not breathing properly!" When leaving the hospital I dropped into the chapel, which under the new regime of the government has been secularized. On the walls were magnificent pictures, and at one end the altar was screened off by curtains. Rows of tables and chairs filled the place. A cleaner told me it was now used as an examination room for the "Internes."

The Boucicault Hospital is well worth seeing, being the latest thing in hospitals in Paris and very much up to date. It was built by the fortune left by Madame Aristide Boucicault, of the famous "Bon Marché," and is constructed on the pavilion system with a complete service attached to each block. Every room and passage is planned with "no corners," tiled walls and arched roof, lofty and airy. At the end of each ward is a conservatory filled with plants. In the aseptic theatre everything was up to date. I saw Dr. Chaput operate in large easy india-rubber gloves. They look clumsy, but the fingers are so flexible and soft that the finest ligature can be tied with ease, as I proved myself at Dr. Chaput's suggestion. In the grounds there is a large hall—which I thought at first was a chapel—where the assistants from the "shop" wait to see the doctors. Before it is a fine bust of the benevolent founder. The out-patient rooms are very nicely arranged, and, indeed, the whole hospital is a model of its kind.

The British Hospital, founded and endowed by the late Sir Richard Wallace, and called the Hertford Hospital, is worth a visit. Every thing looks very comfortable, very clean, very solemn, and very English. The building is badly planned, however, and though complete in the matter of necessary equipment is more like some ecclesiastical building than a hospital. Indeed it was built by a Church architect. Only British subjects are treated, and I should judge that they have a pleasant time there. The matron, a former Guy's nurse, Miss Neach, kindly showed me all over the building, in which I need not say that "screens" were very much in evidence! They are a British object-lesson to the French surgeons who attend there. The medical side of the hospital is attended by the British "G. P.'s" of Paris.

I saw the famous Doyen operate at his private clinique, and what I saw him do fully came up to my expectations.

From the Louis XVI. room I was shown into the Salle de Conference at the top of the house where the famous cinematograph stood in one corner, and across the windows arranged in frames were a number of lantern slides; some of which represented Dr. Doyen in all stages of his operations, while others showed various micro-organisms, but among them I did not notice Doyen's Micrococcus Neoformans. From here we were shown into the operating theatre, where Dr. Doyen had already commenced an operation. It was a long room, with windows and a skylight at the further end; around the operating area was a brass railing that marked the limit of our encroachment. Generally speaking I was not struck with the aseptic arrangements. The washing basins were old fashioned and the floor and walls did not look particularly fresh. On one wall was fixed a sterilizable metal crucifix. The operator was a powerful-looking man with light hair, a French beard and pale blue expressionless eyes. All the character of the man was in his mouth and hands. One seldom saw his face, for he rarely looked up when he turned round, but his hands were always in view. When I speak of Doyen's hands, I smile, as I think of the pretty descriptions given in fiction of a "Surgeon's hands." Doyen, the greatest operator of modern times, has the hands of a blacksmith: very large, with long thick fingers with broad tips. The marvellous way he uses those hands of his cannot be described.

His operations are like a series of conjuring tricks in which a number of original instruments play a considerable part. A favourite operation of his is vaginal hysterectomy, in which he clamps the uterine vessels with powerful pressure forceps. I timed him in one and made it eleven minutes. He uses a continuous silk suture for the peritoneum in abdominal sections, and brings out the ends on to the skin, where they are fixed by a shot. The wound is closed by the Michel clips and a broad piece of strapping is applied over the whole, sealing up the abdominal wound. With Doyen my Paris hospital experiences must conclude.

FREDERIC VICARS, M.D.

Paris, April 6th, 1905.

# Appointments.

## House Appointments.

The following appointments have been made by the House Committee upon the recommendation of the Medical Committee:—

*House-Physicians.* — Messrs. F. Alcock (Dr. Hale White); C. E. Iredell (Sir Cooper Perry).

*House-Surgeons.*—Messrs. G. C. F. Robinson (Mr. Symonds); P. P. Cole (Mr. Golding-Bird).

*Out-patient Officers.*—Messrs. J. H. Clatworthy, E. C. Hughes, F. W. Morton Palmer, E. W. Sheaf.

*Assistant House-Surgeons.*—Messrs. W. N. May (Mr. Dunn); O. V. Payne (Sir Alfred Fripp); W. T. P. Meade King (Mr. Steward); R. Felton (Mr. Fagge).

*Clinical Assistant in the Throat Department.*—Mr. Blake Odgers.

## Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

*Clinical Assistants in Medical Wards.*—Messrs. R. Edridge (Dr. Taylor); E. Bellingham Smith (Dr. Hale White); C. F. Fothergill (Dr. Pitt); G. W. Nicholson (Sir Cooper Perry).

*Clinical Assistants in Surgical Wards.*—Messrs. T. Norman (Mr. Lucas); T. C. Pocock (Mr. Golding-Bird); E. F. Milton (Mr. Symonds).

*Ophthalmic Dresser.*—Mr. H. D. Wyatt (Mr. Higgens, May 1st).

*Surgeons' Dressers.*—Messrs. R. Willan, E. Morgan, E. H. Paterson, G. R. Phillips, J. S. Farnfield (Mr. Lucas); P. D. F. Magowan, W. H. Miller, G. N. Bartlett, J. E. Hodson, H. E. H. Tracy (Mr. Golding-Bird); G. W. Goodhart, F. A. Barker, A. Alcock, T. B. Layton, C. F. Leipholdt, C. W. Greene (Mr. Symonds); R. Davies-Colley, H. H. Moyle, H. C. Malleson, H. A. Pallant, A. Zorab (Mr. Lane).

*Obstetric Dressers.*—Messrs. H. S. Knight, W. H. S. Burney (May-June).

*Externs.*—Messrs. A. S. B. Bankart, J. G. Phillips, G. Wacher (May); I. Valerio, L. J. Patterson-Clavier (June); P. F. McEvedy, H. J. Clarke (July).

## Dental Appointments, 1st April, 1905.

The following appointments have been made by the Treasurer upon the recommendation of the Dental Council:—

*Assistant Dental House-Surgeons.* — Messrs. F. H. Fuller and A. W. Parrott.

*Demonstrators in the Conservation Room.*—Messrs. J. A. Bowes, F. J. Messer, and J. McBride.

*Assistant Demonstrators of Dental Microscopy.*—Messrs. S. G. Elliott and C. C. Freer.

## Civil.

Batchelor, Dr. F. C., has been appointed Honorary Surgeon to the Hospital for Diseases of Women, Dunedin, N.Z.

Culmer, J. J., M.R.C.S. Eng., L.R.C.P., has been appointed Resident Surgeon Superintendent of the New Providence Asylum, Nassau, Bahamas.

Moon, R. O., M.D. Oxon., M.R.C.P. Lond., has been appointed Physician to Out-patients at the Royal Waterloo Hospital.

Purves, W. Laidlaw, M.D. Edin., M.R.C.S., has been appointed Consulting Ophthalmic Surgeon to the Hospital for Epilepsy and Paralysis, Maida Vale.

Reinhold, C. H., M.R.C.S. Eng., L.R.C.P., has been appointed Resident Medical Officer at St. John's Hospital, Lewisham, S.E.

Sharp, W. Clifford, M.B., B.C. Cantab., has been appointed Deputy Medical Officer of the Truro Port Sanitary Authority.

Tongue, E. J., has been appointed Certifying Surgeon under the Factory and Workshop Act for the Winterton District of the County of Lincoln.

## Military.

Major C. E. Pollock, R.A.M.C., has been posted to Malta for duty.

Captain C. M. Fleury, R.A.M.C., has been posted for duty to Gozo, Malta.

Captain A. F. A. Howe has been appointed Dental Surgeon, Southern Command, with headquarters at Salisbury.

Surgeon-Major H. W. Roberts, 2nd Volunteer Battalion (Royal West Kent Regiment) is promoted to be Surgeon-Lieutenant-Colonel.

Surgeon-Lieutenant W. F. Byford, 1st Volunteer Battalion the Royal Welsh Fusiliers, resigns his commission.

# Pass List.

## Second Conjoint Examination, April, 1905.

H. H. Carter, T. Evans, A. N. Leeming, M. K. Nelson, H. E. Perkins, C. M. Plumptre.

# Papers by Guy's Men.

A Case of Injury to the Pancreas causing Effusion into the Lesser Peritoneal Sac, with Remarks on the nature of the Injury and its Diagnosis and Treatment. By William Sheen, M.S. Lond., F.R.C.S.—*Clinical Journal*, 29th March, 1905.

A Case of Multiple Neuro-fibromatosis. By H. Littlewood, F.R.C.S. Eng., W. H. Maxwell Telling, M.D., B.S. Lond., M.R.C.P. Lond., and S. G. Scott, M.A., B.M. Oxon.—*Lancet*, April 8th, 1905.

A Note on the Importance of the Full Eruption of the First Permanent Molars. By Ernest R. Tebbitt, L.D.S. Eng.—*British Dental Journal*, April 16th, 1905.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Autobiography of Frederick J. Gant, F.R.C.S.* Pp. 200. (Messrs. Baillière, Tindall & Cox.) 3s. 6d. net.

Mr. Gant is evidently desirous that future generations should judge him and estimate the value of his life's work, not as a surgeon so much as a controversial writer on religious subjects. In opening this work we naturally expect to find some account of operative surgery and of the author's work in that field, yet throughout no mention is made of the operation with which his name is connected in every student's mind.

Writing in his eightieth year, Mr. Gant has seen fit to open up several unpleasant discussions, long since forgotten, and to comment on subjects in terms which are in doubtful taste and cannot fail to give offence to many people. Several pages are occupied, and a sermon preached, on the dishonesty of a nurse who tended his wife in her last illness.

Much light is thrown on the early history of the Royal Free Hospital, and those interested in this hospital and its connection with the education of medical women will read the book with interest; but it is on his contributions to the discussion of Science-versus Religion that our author chiefly wishes to stake his reputation, and we think that the subject of his life would have been treated more kindly by another hand than his own. The book exhibits some of the worst features of autobiographies, and is a striking example of the difficulty a man experiences in "knowing himself."

*Elementary Treatise on the Light Treatment.* By James H. Sequeira, M.D. Pp. 83. (The Scientific Press, Ltd.) 2s. 6d. net.

This book is intended for the use of nurses who are engaged in the Light treatment and is confined to the most elementary details in the theory and practice thereof. Such a book was inevitable, as each lamp requires constant attendance during the progress of treatment, which the medical man in charge can not possibly give; so nurses are requisitioned, and it is for their guidance that this work has been written.

Dr. Sequeira has followed the lines laid down in the Finsen Institute, in Copenhagen, and at the London Hospital; striving to be elementary he enters into no elaborate or technical explanations, in fact he often avoids difficulties, where perhaps expert advice would be useful, by stating that—description is useless as a few minutes' practice would be much more useful. The author has not done himself justice as he does not convey any idea of being a "practical man."

*Manual of Hygiene for Students and Nurses.* By John Glaister, M.D. Pp. xvi. and 403. (Messrs. E. & S. Livingstone, Edingburgh.) 6s. net. Second edition.

This elementary manual consists of a collection of papers which originally appeared in *The Hospital*, and after seven years have merited a second edition. Hygiene is a difficult subject to write on, as the writer must display a knowledge of several trades as well as most of the sciences, and the present author has not assumed too great knowledge on the part of his readers.

The book is unduly extended by the inclusion of unnecessary matter — not to say padding; personal hygiene is discussed at great length and even clothing; and a typically unnecessary sentence is:—'The airy creation of the milliner may be "things of beauty" but in many cases they do not contribute to "joy for ever."'

The elements of physics are given, and theories of sleep, hypnotism, and dreaming help to fill a book which will not be found very useful for medical examinations.

# Sport.

## Rugby Football.

RESUME OF THE SEASON'S RESULTS.

The Football season being now over, it will perhaps not be out of place to set forth a brief account of the teams' achievements during the past year, which will undoubtedly be of interest to old Guy's men who have been unable to follow the doings of the teams so closely as they might have wished.

The prospects of the 1st XV. at the beginning of the season did not appear favourable, seeing that we were losing the services of such valuable men as Morgan, Harrison, Louisson and others. The earlier matches seemed to confirm this impression, the side going down badly before Cambridge University. However, from the very outset the younger players showed exceptional keenness, and we were indeed fortunate in securing such capable players as Stringer and Digby.

A glance at the season's results will show that it has been an exceedingly favourable one. Only four matches were lost, all during the first two months of the season, and not a single match has been lost since Christmas, thus creating a record. Amongst our victories during this time were those over Oxford University, Racing Club de France, and R.I.E.C., the latter having been beaten during the season only by Cambridge University and Guy's. However, the most satisfactory items of the whole season was the success of the team in the Cup Ties. Besides winning back the Cup, we have distinguished ourselves by putting up 102 points to nil in the four matches, a score which is unequalled in records of inter-hospital football; the nearest approach to it being in 1902, when H. Cutler was captain. In that year we scored 101 points to 8 in five matches.

Our Second and Third XV.'s have also had most successful seasons.

The Second XV. have secured the honour of winning the Inter-Hospital Junior Cup, the first time it has been played for. They have played 17 matches, winning 13, and losing 4.

THIRD XV., 1904–1905.

The Third XV. have never had a more successful season, having put up a record in the number of points scored.

Played 19, won 15, drawn 2 and lost 2, scoring no less than 520 against our opponents' 66 points. These excellent results have been chiefly due to the keenness of the whole team, who have always turned out most regularly throughout the season. Thanks are also due to those men of the first and second XV.'s. and men who are out of their year, who were always ready to turn out for the third when they were hard up for men.

Altogether 66 men have played for the third this season. The chief try-getters were Lloyd 14, Adams 13, Wacher 12, Harvey 11, Wight and Monaghan 7. The two matches we lost were against the Old Whitgiftians, when we had a very weak side out, and against Park House in the last match of the season: they played several of their first XV. men, and although we had the honour of our first XV. captain McEvedy playing, we were unable to win. Our only hope is that the third will be able to keep up this excellent standand in future years.

In conclusion, we have every reason to be satisfied with the results of the past season. The success of the junior teams is most gratifying and gives every hope that the present high standard of Rugby football will be maintained for some time to come.

## Hockey.

GUY'S v. THOMAS'S.

Final Cup Tie.

This, the last match of the season, was played on the Blackheath ground on Wednesday, March 29th. The result of 2 to 0 against Guy's was disappointing, as after such a successful season, there seemed to be some prospect of success.

The first twenty minutes of the game gave no indication of victory for either side, play being transferred from end to end with great rapidity, though at no period was the play either so fast, or the combination so skilful as one might have expected. Ten minutes before half-time Thomas's made a determined attack, and had only Moyle to beat, but the latter ran out and cleared; before he could return, however, their centre-forward managed to score with a fairly good shot, Moyle having no chance. There was no further scoring before half-time. From the resuming bully, Guy's went well away, and Wells all but scored, but Carber just managed to intervene in time to save his goal.

Play in the second half was very even, and neither side looked dangerous very often. Two minutes before time the St. Thomas's centre, who appeared to be offside, got possession in the Guy's circle and managed to beat Moyle, who had to run out to him. The chief feature of the game was the excellent defence of both sides, for the forward play in each team was mainly of an individual nature, and consequently left much to be desired. But let it not be supposed that the forwards were selfish; of passing there was plenty, but it lacked that science and accuracy which are essential to success, and which have been exhibited to the full, alas, on less important occasions.

In this match Parker and Langdale fully maintained the immense improvement which they have shown throughout the season. Leckie set an example of hard work and skill which very few players in the south could equal. Knight has been a steady, cool, and invariably adequate back throughout the season, and on this occasion both he and Archer made the very best of a difficult task. The latter has often been brilliant, but he is essentially defensive, and his habit of raising the ball, though unsurpassed for defensive purposes, seldom if ever gives the forwards a chance to get going before the opposing halves get back. Moyle has probably not made a mistake this season; no more need be said. The forwards had an off day, but they had an extremely good defence to face. Few forwards have improved this year more than Ticehurst, and he and Davies have always been an effective wing, and have between them scored more than half the goals. Wells and Morres are both deadly in the circle, but the former has been severely handicapped by injuries; the latter has shot many brilliant goals. Team:—

Guy's.—H. H. Moyle (goal); H. S. Knight, H. Archer (backs); H. M. Langdale, M. Leckie, F. Parker (halves); L. G. Davies, C. B. Ticehurst, S. M. Wells, G. W. Dryland, F. Morres (forwards).

### Birth.

DOWSETT.—On April 5th, at St. Dunstan's, Lebanon Park, Twickenham, the wife of Ernest B. Dowsett, M.R.C.S., L.R.C.P. Lond., L.D.S. of a daughter.

### Marriages.

MASON—JOHNSON.—On April 15th, at St. Andrew's Church, Gorleston-on-Sea, by the Rev. Forbes Phillips, Alfred Leighton Mason, L.D.S.R.C.S. Eng., to Mabel Marie, only child of the late George Randall Johnson, Waxham Hall, Norfolk.

ORMOND—EASON.—On the 15th inst., at St. Paul's Church, Forest Hill, S.E., by the Rev. Canon W. A. Moberly, Vicar of St. Bartholomew's, Sydenham, and Rural Dean, assisted by the Rev. Douglas Scott, LL.D., Head Master of the Mercers' School, Arthur W. Ormond, F.R.C.S., of 37, Queen Anne Street, Cavendish Square, and Guy's Hospital, to Mary Charlotte (May), daughter of Edward H. P. Eason, of Eversley, Forest Hill, S.E.

STEWART—WYATT.—On April 11th, at the Congregational Church, Beckenham, by the Rev. J. Guiness Rogers, D.D., assisted by the Rev. J. Enyon Davies, Bernard Halley Stewart, B.A., B.C. Cantab., youngest son of Halley Stewart, Wardown, Luton, to Mabel Florence, daughter of Charles Purnell Wyatt, Warfield, Beckenham.

Ed.—F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

IF we could only be certain that the present dead level of dulness would not be maintained, the uneventful opening of the Summer Term would be almost amusing in its completeness. There are subtle signs, however, that lead us to the belief that we are "in for it" and accordingly we come somewhat scantily to print in a shuddering state of anticipation of what lies before us. That our times are out of joint cannot be merely because May Day fell this year upon a Monday, of all days in the week the most unprofitable and unstimulating, for the calendar is a universal fact, and boredom is certainly not so much as breathed of elsewhere. No! the cause is unsearchable, but its effect is painfully obvious. Even the Park (a much misunderstood and under-estimated place by the way) with a sense of appropriateness highly commendable in inanimate nature, has refused to bring forth and bud, and its few flowers, but lately the subject, as many will remember, of a cheery comment in our columns, have incontinently withered dispite their invigorating vis à vis. Surely Guy's is unique in London at the present moment! The season has begun, the new potato has appeared, Mr. Tree has played Hamlet, there has been an earthquake in Wales, and Mr. George Robey is singing a newer and a gladder song, while we—alas!—"Over us broods a dusky spirit,"—"Nothing seems alive."

IT is a matter for thankfulness that we are not now called upon to speak moral and consoling words to the few who have been misguided enough to take up medicine as their profession—we shall not call it their "life work" till stern conventions compel us, in the late autumn, so to do. A wise providence has ordained that our more purple platitudes shall be spoken in October, and it will be obvious to all that no more fitting season of the year could possibly have been chosen, for is not each year an epitome of life, and are we not best qualified to platitudinize when age has robbed us of our power to do anything more useful?

MEDICINE is certainly becoming more and more suitable as a profession for the millionaire and the philanthropist, and those who hope incidentally to turn an honest penny in the pursuit of their high calling, will be interested to hear from a contemporary periodical that "gentlewomen of small means, the wives, daughters and relatives of clergymen, naval, military and professional men, governesses, artists and others," are some of those whom

"it is really necessary to help," that is to say, to supply with medical attendance for wholly inadequate fees. The calm effrontery of the "and others" recalls a humorous list published in the GAZETTE some years back of those who expected all doctors to play providence to them without a murmur. This list, prodigious in its length and comprehensiveness, included apparently anyone and everyone, from clergymen's wives to pretty girls, and apparently had been concocted by some poor soul who was writhing under the persecutions of the needy. With this prospect in view when one goes into practice, it will be well if aspirants to the ranks of medical practitioners seriously consider their position, and if they should abandon the idea and take to—say plumbing, their income will at least be safe from the dishonest but needy female.

THE Million Shilling Fund is not at present meeting with the support which it deserves. In another column we publish the subscription list up to date, and it will be seen that many years will elapse before the necessary money has been collected, if the present slow rate of progress be maintained. The fund should receive a powerful fillip from the proposed house to house visitation, which is due to commence on Wednesday, May 17th, and a scheme for the efficient working of which is at present under consideration. As matters now stand, the idea is, that representative senior men out of every department of the Hospital shall be chosen, that these sixteen men shall each select ten visitors from those men with whom they are brought into contact, and that on the above date in the afternoon, these 176 shall commence a systematic visiting of certain pre-arranged districts.

IN all probability there will be many more than 176 men who will be found willing to help in this house to house visitation, and that intending volunteers, over and above those actually chosen, may know to whom they are to apply for instructions, as to what neighbourhood and what street to visit, notices will probably appear in the course of the next few days on the various notice boards about the Hospital.

IT is to be hoped that this scheme will meet with strong support from men of all years, for not only will the Million Shilling Fund be very materially assisted thereby, but also the obvious and active interest of the students in the needs of their hospital, will infallibly bring help from many people who might not otherwise be reached by the Appeal. Men will, of course, distinctly understand that an expedition to any particular suburb for the purpose of raising money from its inhabitants, cannot be viewed in any way as a picnic, and should any men be disposed to look on it in that light, it would be better that they refrained from assisting, rather than that they should produce a bad impression in an otherwise (shall we say) susceptible neighbourhood. By mentioning this undesirable possibility, we do not wish to insult the great majority of men by supposing them to be capable of anything approaching horse-play, but merely to emphasize the fact that strange situations have before now resulted in strange conduct, and to warn the young and over-vitalised against any exuberant display of emotion, even in a good cause.

IT is with great regret that we record the retirement of Miss Maud Edgecumbe (Sister Ruth), who has held the post of Sister in the Eye wards for the past sixteen years. Miss Edgecumbe has always been loved by her patients, and deservedly popular with a large circle of friends in and around the Hospital. Her interest in the financial fortunes of the Hospital has been unremitting, and of a most practical nature, whilst as a worker in the Saint Andrew's Waterside Mission she has been indefatigable. Miss Edgecumbe must feel her retirement very deeply, and Guy's will be hard put to it to suitably fill her post. We can assure her that she carries with her the best wishes of all her Guy's friends, and especially of those who have worked with her in Barnabas and Ruth.

WITH Sister Ruth Guy's also loses Nurse Mullet, who has been Head Nurse in Eyes for close on twelve years, and whose loss will also be felt both in the ward and by her friends.

The Hospital has to thank Mr. Beerbohm Tree for the renovation of Luke ward. The special performance of "Flodden Field" and "The Man Who Was," given at His Majesty's Theatre two summers ago has been the means of endowing a bed in perpetuity and of completing refurnishing the whole ward, and in view of the renovation now almost completed many will have cause to thank Mr. Tree once again for his generous help.

It may perhaps ill become us to cavil at the methods of another hospital in financial difficulties, but some of the articles which have recently appeared in the *Times* with reference to St. Bartholomew's Appeal for funds make it almost impossible to refrain from at least a comment. St. Bartholomew's Hospital is our very good neighbour, and we as Guy's men wish them the best of luck in their unpleasant task of begging, but that does not prevent us objecting to their methods as unworthy of a great and dignified institution.

The *Times* assures its readers that the notes upon St. Bartholomew's Hospital "were prepared by a member of the Advertising Staff," and if it had added further that this gentleman had gained his experience in the concoction of the renowned Encyclopædia advertisements we should not have been in the least surprised. Perhaps this suggestion is libellous, however, in which case we shall be pleased to withdraw it with apologies, but we *did* think we recognised the master-hand again. To quote from an article entitled "The Theatre of Life," in which the every-day work of the Hospital is described in a manner which some would call highly-coloured, whilst others might prefer to call only popular:—

> "It is curious how small the human figure looks as it lies there, the nurse beside it (sic) and the anæsthetist busy inducing merciful unconsciousness. About are the surgeons in their long white linen smocks. The short, rather stoutish man, black bearded, and his bald crown of a shining pallor, is ——, the famous surgeon, whose case this is. With him are the house-surgeons—clean-shaven, lithe, alert men of astounding youthfulness of appearance. But the lancet calls for a young hand, a cool head, and the confident daring which spring from well-assured knowledge of what to do and how to do it. There is a firmness of mouth, a quiet grip in the eyes, a consciousness of physical priesthood that impel reverence for these young Davids as sworn enemies of Death and saviours of life."

And so on, and so on *ad nauseam*.

It is quite unnecessary to point out the ludicrous side of the above description. If to secure the layman's sympathy you must *describe* all these things (which is problematic), at least describe the most important and the most real; never mind whether the unconsciousness is merciful so long as it is efficient; never mind the pallor of the surgeon's bald head so long as he is not incapacitated by decrepitude; spare us the "quiet grip" of those eyes, and above all, don't spell death with a capital D, especially in an appeal for money. Everybody knows that St. Bartholomew's is one of the most efficient of Hospitals in men and material, and as thoroughly deserving of support as any hospital in the world, but surely in appealing for help they scarcely need turn on the "poor humanity" tap, for all the world like a well-meaning crocodile with his tongue in his cheek, and the wind in his tail.

## Change of Address.

Dr. F. H. Burton-Brown from Via Venti Settembre, Rome, to 19, Argyll Road, Kensington, W.

Surgeon R. W. Basil Hall, R.N., from H.M.S. *Bramble*, China Station, to 4, St. Andrew's Road, Southsea.

Mr. B. H. Martin, L.D.S., from 5, Southampton Place, Swansea, to 18, Monckton Terrace, Anglesey Terrace, Gosport, Hants.

Mr. Arthur W. Ormond, F.R.C.S., from 15, Stratford Place, W., to 37, Queen Anne Street, W.

Dr. Thomas G. Stevens, from 8, St. Thomas's Street, S.E., to 8, Portland Place, W.

Mr. Frank Warlow, L.D.S., from Bars Hill, Cowes, Isle of Wight, to 20, London Road, Twickenham.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Reduction en Masse.

CLINICAL LECTURE BY Mr. SYMONDS.

Gentlemen,—A man, æt. 26, came into Job ward with a right inguinal hernia in order to have the radical cure performed. The rupture was right sided, and when reduced it was noticed that the sac appeared thicker than usual. There was no gurgling attending reduction, and the hernia returned without effort as he lay on his back. The conditions leading to the impression that all the contents of the sac have not returned, are due to an adherent piece of omentum, or the presence of an associated varicocele, or to an old thick and folded sac. In this instance the lower rounded edge of the omentum could be felt, and slipped away from the fingers. The descent under quiet breathing showed that it was adherent to the sac. The return of omentum or bowel in this easy way generally indicates adhesion of contents, and explains why a truss does not keep the hernia up. The peculiarity in this instance was, that the omentum went out of reach so that the finger could invaginate the scrotum, and pass through the external ring into the canal. To explain adhesion, together with disappearance in this way, it was assumed that the neck to which the omentum was attached was movable, and passed with the contents within the internal ring. This explanation was confirmed at the operation. The omentum was adherent to the margin of a thick and hard ring situated when the sac was opened just above the external ring. On reducing the omentum these two parts moved up together—omentum and thickened ring—leaving the lower part of the sac in the scrotum. Above the thickened ring there was a peritoneal tube, in which lay omentum communicating with the abdominal cavity, but there was no further narrowing at the internal ring.

This diagram (fig. 1) represents the parts as seen when the sac was opened.

The constriction (5) is seen to lie near the external ring, and to this the omentum was adherent. On attempting to return the omentum, this ring or neck passed upwards with the omentum. The condition then was that seen in the second diagram (Fig. 2). The omentum, is not truly reduced into the peritoneal cavity, only pushed up, carrying the loose sac with it. Nor is it a reduction of the hernial sac out of the scrotum, for the lower part of the peritoneal lining still lay in the scrotum. In Fig. 1, I have represented the peritoneal sac as wrinkled below the constriction, to explain this mobility; in Fig. 2 as stretched.

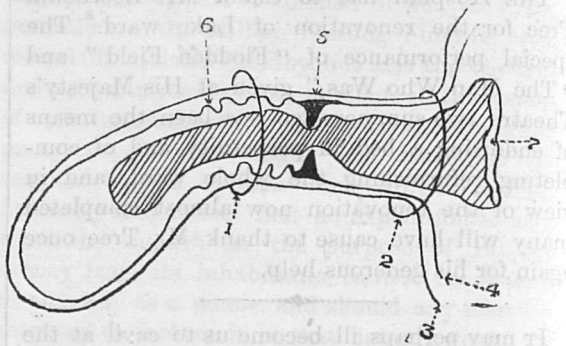


Fig. 1.

1. External ring.
2. Internal ring.
3. Parieties and scrotum.
4. Peritoneum, where it lines the abdominal wall.
5. The thickened ring referred to, representing the original neck of the sac, but here displaced downwards.
6. The wrinkled peritoneal lining.
7. The adherent omentum.

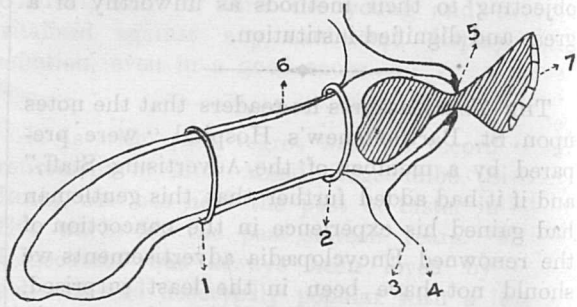


Fig. 2.

The omentum, when pushed up, lay inside the internal ring, the parietal peritoneum being raised to permit of this, as in Fig. 2. The mobility of the sac was brought about by the changing in position of the adherent omentum. When the man strained, the omentum descended, carrying with it the thickened ring, and when he lay down it passed up the canal. When he pushed up the omentum and applied the truss, the peritoneum was still further stretched.

The adhesion of the omentum is, however, not essential to the production of these movable hernial sacs. The first stage in the production is a constriction with thick margins. The bowel or omentum descending pushes down the ring which acts as a kind of diaphragm,

thus a second sac is developed above the constriction. Whether such a constriction was originally at the internal ring or not is open to question, and on this point I will have something to say presently. I have in my possession a specimen removed from a man in performing a radical cure, of which the following diagram

Fig. 3.

represents the outline. A constriction separated the two parts of the peritoneal sac. The bowel occupied the upper cavity. Had the lower sac been occupied by bowel at one time? Did the constriction in the early days of the formation of this sac rest at the internal ring? Again, how is such a constriction produced?

Before answering these questions, let me make a diagram of another specimen, removed from a man of sixty.

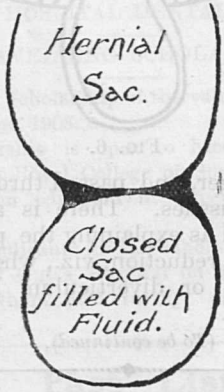


Fig. 4.

The closed sac was intimately connected with the upper or hernial sac. It represents probably a later stage of the previous specimen, viz., complete closure of the aperture. The lower sac was translucent, and contained yellow serum, and, moreover, there was no omentum plugging an opening in the diaphragm separating the two sacs. You will find in Mr. Wood's book on hernia, a diagram showing two sacs below the main one, each communicating with its neighbour.

Two explanations may be offered of this condition. First, that a small hernial sac developed in the usual way; the contents having been kept out by a truss, the natural tendency of the neck to close led to the narrowing or to the thickening. The truss being discarded, the descending bowel or omentum, unable to pass through, pushed onward the ring. Fig. 3 suggests such an explanation, and so do the diagrams given by Mr. Wood. The second and more likely explanation is that these constrictions represent imperfect closure of the funicular process, just as a hydrocele results in the cord when closure is incomplete at one point. This, moreover, explains the varying position of the constriction. In Fig. 4 it is possible that the closed sac may have originally been a hydrocele of the cord and not an old sac.

Given the peculiarities I have described, viz., a very narrow opening with thick margins, and a movable sac, let us consider the effect of the strangulation of a loop of bowel.

The patient has all the usual signs of strangulation, and reduces the swelling or it is reduced by the surgeon, the loop is pressed up and lies still strangulated just within the abdominal wall. Without complicating the diagram with a representation of the rings, the following may represent what happens.

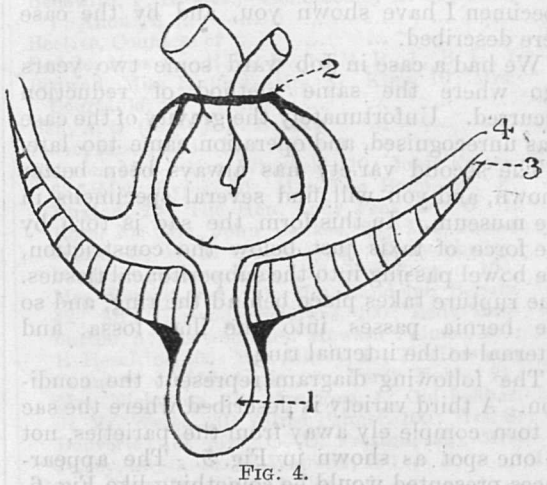


Fig. 4.

1. The empty sac, still occupying the scrotum.
2. The neck pushed inwards and still constricting the bowel.
3. Parieties.
4. The peritoneum.

It used to be said that the whole sac was separated and pressed inwards, leaving the scrotum and canal free. Thus it was said the ring is large and the canal feels to the finger wider than it ought to be. This was the description given by French surgeons and incorporated into a book written by Mr. Luke in 1843. You will find doubt thrown upon the explanation by Mr. Birkett in his article in Holmes' System. The explanation I have offered is borne out by specimens and by the following case. I was called some years ago to an elderly man suffering from intestinal obstruction. The vomiting had been urgent, and several basins more or less filled with a brown vomit were shown, giving a grave aspect to the case. He wore a truss for a left inguinal hernia, and knowing the not infrequent association between a hernia and a band lying just inside the ring, I decided to explore the hernial site. The sac was empty, but for an old hernia seemed small. The finger passed upwards did not detect any swelling, but knowing the occasional mobility of a sac I pulled upon it and drew down a strangulated knuckle of bowel. A tight and thick constricting ring was divided and complete recovery followed. The condition of the parts was that represented in Fig. 4, and with necessary modifications in Fig. 2. It was a true reduction en masse, that variety where the bowel is pushed out of sight and touch without injury to the sac. That the whole sac can be stripped from the scrotum and reduced I have never been able to accept as an adequate explanation. The one I offer is supported by the specimen I have shown you, and by the case here described.

We had a case in Job ward some two years ago where the same method of reduction occurred. Unfortunately the gravity of the case was unrecognised, and operation came too late.

The second variety has always been better known, and you will find several specimens in the museum. In this form the sac is torn by the force of taxis just below the constriction, the bowel passing into the subperitoneal tissues. The rupture takes place behind the ring, and so the hernia passes into the iliac fossa, and external to the internal ring.

The following diagram represent the condition. A third variety is described where the sac is torn completely away from the parieties, not at one spot as shown in Fig. 5. The appearances presented would be something like Fig. 6.

In femoral hernia I have once seen this accident occur after division of the constriction. The opening was too small, the bowel forced back tore it larger, and passed through into the subperitoneal tissues. There is another condition described as explaining the persistence of symptoms after reduction, viz., when the bowel enters a pouch or diverticulum lying in the abdominal wall.

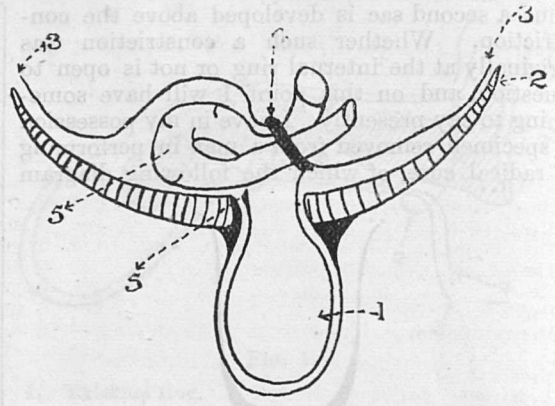


Fig. 5.

1. Empty sac in the scrotum.
2. Abdominal wall.
3. Parietal peritoneum.
4. The neck of the sac still strangulating the bowel. The point indicated by (4) was originally attached at (5). The opening is thus shown to be below the neck.
5. Loop of strangulated bowel lying in the sub-peritoneal tissues.

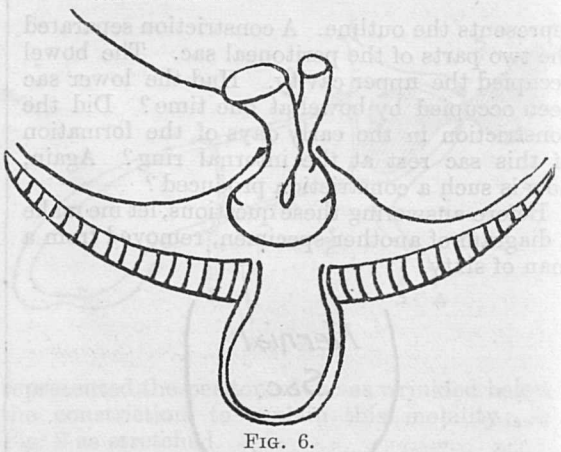

Fig. 6.

(*To be continued*).

## From the Gazette's Special Pathologist.

NOTICE.

W. L. W. M., Huddersfield.—This specimen is comparatively non-purulent, and no tubercle bacilli can be found. PATHOLOGIST.

# THE HOSPITAL APPEAL.

### Third List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 41,975 | 10 | 6 |
| Messrs. J. H. Shröder & Co. ... ... ... | 1,000 | 0 | 0 |
| Messrs. Stern Bros. ... ... ... ... | 500 | 0 | 0 |
| The Commercial Union Assurance Co., Ltd. | 210 | 0 | 0 |
| The London Assurance Corporation ... | 105 | 0 | 0 |
| Messrs. Wedd, Jefferson & Co. ... ... | 105 | 0 | 0 |
| Parr's Bank, Ltd. ... ... ... ... | 105 | 0 | 0 |
| Messrs. William Denny & Brothers... ... | 100 | 0 | 0 |
| G. T. Petherick, Esq. ... ... ... ... | 100 | 0 | 0 |
| Messrs. J. Stone & Co., Ltd.... ... ... | 78 | 15 | 0 |
| R. Nivison, Esq. ... ... ... ... | 52 | 10 | 0 |
| James Foster, Esq. ... ... ... ... | 52 | 10 | 0 |
| Messrs. Stephenson, Clarke & Co. ... ... | 52 | 10 | 0 |
| John Capel Hanbury, Esq. ... ... ... | 50 | 0 | 0 |
| "In Memory of Doveton Martin:— | | | |
| Per Dr. H. A. Martin ... £25 0 0 | | | |
| Per E. B. M. ... ... 1 1 0 | | | |
| Per I. J. M. ... ... 1 1 0 | | | |
| Per W. E. M. ... ... 1 1 0 | | | |
| | 28 | 3 | 0 |
| "A Friend," per H. Stuart Mason, Esq. ... | 26 | 5 | 0 |
| J. R. Ellerman, Esq. ... ... ... ... | 26 | 5 | 0 |
| Messrs. Bovill & Sons ... ... ... ... | 25 | 0 | 0 |
| Further Amounts under £25 (including Contributions to Million Shilling Fund up to the 2nd inst.) ... ... ... | 684 | 16 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £45,277 | 5 | 0 |

## Notice.

GUY'S HOSPITAL DENTAL SCHOOL.

TRAVELLING SCHOLARSHIP.

A Travelling Scholarship of the value of £100 will be awarded in June, 1905.

The Scholarship is open to Licentiates of Dental Surgery of the Royal College of Surgeons of England, who have been educated at Guy's Hospital Dental School.

Names of applicants for the Scholarship must be sent to the Dean of Guy's Hospital on or before June 1st, 1905, from whom also further particulars may be obtained.

## Pass List.

**University of Cambridge, April, 1905.**

SANITARY SCIENCE EXAMINATION.

E. W. Routley.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

### Third List of Collections.

(Received up to Tuesday, May 2nd, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 22,484 |
| Abel, Miss—M. M. Brand ... ... ... ... | 2 |
| Addison Sister (4s.)—Anon. 2; H. W. Smith, 100 | 102 |
| Adeney, Dr. E. L.—Samuel Rider, 210; Miss Rider, 42 ... ... ... ... ... ... | 252 |
| Aitkin, C. E. ... ... ... ... .. ... | 210 |
| Allison, G. F. E. (5s.)—H. Allison, Mus. Doc. ... | 10 |
| Anderton, Miss M.—Miss Fisher, 20; F. Fisher, 100 | 120 |
| Anson, Miss L. F. (406s.)—Collection ... ... | 20 |
| Andrews, Miss—Miss M. Jones, 1; Miss Victoria Jones, 1; Miss Andrews, 1; Miss M. K. Davies, 1 | 4 |
| A Nurse ... ... ... ... ... ... ... | 21 |
| Archbold, Miss C. (46s.)—Miss G. Haynes ... | 1 |
| Baker, Miss B. (11s.)—Anon. ... ... ... | 2½ |
| Balderstone, Dr. Robert (6s.)—Mrs. Norrington ... | 5 |
| Barclay, Mrs. Charles—Collection, 10; Collection, 4; Frederick Childs, 10; Miss C. Blake, 1; C. H. St. J. Hornby, 210 ... ... ... ... ... | 225 |
| Barnes, Mrs. (5s.)—Miss Claydon ... ... ... | 2½ |
| Bayliss, Miss M. A. ... ... ... ... ... | 5 |
| Beale, H. J. (64s.)—Miss E. Lane, 4; W. Whitington, 1 ... ... ... ... ... .. ... | 5 |
| Beck, Mrs. ... ... ... ... ... ... ... | 10½ |
| Beckwith, F. H. (51s.)—Collected by E. C. Board, 7; Anon., 3 ... ... ... ... ... ... | 10 |
| Bective, Countess of ... ... ... ... ... | 21 |
| Bedale, Miss L.—R. H. E., 1; M. B, 1; B. L., 1 | 3 |
| Bedwell, Miss L. (5s.)—Mrs. W. King, 10; Mrs. Courtauld, 10 ... ... ... ... ... | 20 |
| Bell, A. O. (5s.)—T. J. Brooks ... ... ... | 21 |
| Beloe, Miss (31s.)—Mrs. Vincent ... ... ... | 5 |
| Benyon, Mrs.—Mrs. Wingfield, 10; John Foster, 63; Mrs. Eyres, 20; Mrs. Leo Bonn, 20; F. Buxton, 20; The Hon. Lady Peek, 20; C. D. Rose, 20; Mrs. John Bankes, 20; Mrs. James Stern, 20; W. T. Crawshay, 21; Lady Shelley, 20; Lady Hermon Hodge, 20; Mrs. Benyon, 100; Mrs. Benyon, sen., 20; Mrs. Randolph Berens, 42; Mrs. Gertrude Fellowes, 100; Lady Haliburton, 5; Mr. and Mrs. Howard Palmer, 100; E. Heseltine, 105; Mrs. Allfrey, 20; The Dowager Countess of Iddesleigh, 20; Percy Noble, 21; Mrs. Nicholson, 21; Mrs. Fort, 1; Old Soldier, 5; Mr. Werth, 20; Alfred Palmer, 100; Mrs. S. Bouverie, 10; Mrs. G. C. Preston, 20; Mrs. Joicey, 20; A. M. H. Walrond, 100 ... ... | 1104 |
| Bevan, Miss (1s.)—Mrs. Major ... ... ... | 1 |
| Carried forward ... | 23666½ |

| Name. | Shillings. |
|---|---|
| Brought forward | ...236661/2 |
| Biddle, Miss—Collection | 9 |
| Bingham, Miss (2s.)—Mrs. Gill | 2 |
| Bisshopp, Dr. F. R. B. (166s.)—Miss Vernham, 5; per Miss H. M. Weyer, 42 | 47 |
| Blanche, Sister (37s.)—Mrs. C. E. Fagen, 2; Mrs. Clarke, 5 | 7 |
| Bois, Miss (21/2s.)—Miss Grant | 1 |
| Bonsor, B. (71/2s.)—A. H. Hannay, 21/2; Rev. W. E. Layton, 10; Lady Graham Moon, 221/2 | 35 |
| Bowen, Miss—Anon. | 21/2 |
| Bowen, Dr. W. H.—A. E. Bowen, 21; John Bowen, 105; A. J. Bowen, 21; G. Spencer Knight, 21 | 168 |
| Brereton, Miss K. B. (20s.)—Mrs. Bradshaw | 2 |
| Briggs, Miss M. A.—Lt.-Col. Briggs, 10; Rev. F. T. Briggs, 21/2; Anon., 10 | 221/2 |
| Brookhouse, H. O. (3s.); B. M., 1; Mrs. Harryman, 21/2; Miss Harryman, 21/2 | 6 |
| Broome, Miss F.—Anon., 10; Miss Gertrude Elliott, 105 | 115 |
| Brown, Miss A.—Mr. Crockett | 16 |
| Brown, Miss F. E.—4 friends | 4 |
| Buckton, Miss F.—1st collection, 20; 2nd collection, 20 | 40 |
| Bulmer, Miss F. de (5s.)—Henry G. Keasley | 20 |
| Bunting, Mrs.—Miss Eisdell, 1; Mrs. Wilkinson, 1; C. Law, 1; E. Symmonds, 11/2; Mrs. Duffield, 21/2; F. W. Codner, 1; Mrs. Stackhouse, 1 | 9 |
| Byrne, Miss J.—R. M. Pilcher, 1; Miss Densham, 10 | 11 |
| Cadell, Miss (101/2s.)—Anon. | 10 |
| Carlyll, H. B.—S. Calvocoressi | 10 |
| Chadwick, Miss—Miss C. M. Chadwick, 1; Miss F. Chadwick, 1 | 2 |
| Charity, Sister—Anon. | 1 |
| Cheeseman, Miss B.—F. Agar | 17 |
| Cheesman, Dr. J.—Six Friends, 30; Dr. J. Cheesman, 100 | 130 |
| Child Stanley—Mrs. Puttock, 10; Mrs. Child, 20; Cyrus Braby, 101/2 | 401/2 |
| Clarke, A. A.—U., 2; A. O. C., 5 | 7 |
| Clemow, Miss (21s.)—R. H. Clemow | 21 |
| Clifford, Miss (26s.)—A. M. Parr | 1 |
| Colbran, Miss D. (3s.)—M. Walmsley, 1; Anon, 1 | 2 |
| Coleman, Dr. F. J.—Mrs. A. Pilling, 10; Dr. & Mrs. Coleman, 20; Anon, 1; W. Barker, 1; Mrs. T. Bramley, 1 | 33 |
| Connolly, Miss M. (5s.)—W. K. Etches, 1; Mrs. Ogg, 2; Anon, 5 | 8 |
| Cordeaux, Mrs. (6s.)—Anon | 1 |
| Costobadie, V. A. P.—Collection | 46 |
| Craig, Dr. M.—Miss L. E. Cumming | 211/2 |
| Curry, W. J. (20s.)—Mrs. Emilie Chapman, 10; W. H. Chapman, 10 | 20 |
| Danson, Miss—Mrs. Connett | 5 |
| Davies, Miss C.—K. M. King, 1; Mr. Atkinson, 1; C. D., 2 | 4 |
| Davis, Miss B. (10s.)—Miss Davis and Miss Robinson, 3; Rev. C. G. Davis, 6; Miss Feetham, 1; Mrs. Bell, 5 | 15 |
| Deeping, Dr. G. D. | 10 |
| Densham, W. A.—Miss G. Densham, 2; Mrs. Densham, 20 | 22 |
| Densham, A. F.—Anon. | 5 |
| Diblin, Miss J. M., Commander and Mrs. Peyton | 5 |
| Dimond, Mrs. Herbert (46s.) — Mr. and Mrs. Dimond and Friends (further) 40; F. Leach, 5 | 45 |
| Carried forward | ...246651/2 |

| Name. | Shillings. |
|---|---|
| Brought forward | ...246651/2 |
| Dodgson, Mrs. (21s.)—Miss C. D. Worship | 5 |
| Donald, J. A. | 5 |
| Donnell, Dr. J. H.—Mrs. A. K. Barlow | 21 |
| Dottridge, Miss (5s.)—F. A. Knott | 5 |
| Durant, A. R. (10s.)—Jonathan Andrews (further) 190; Anon. 18 | 208 |
| Du Sautoy, Miss (23)—Miss A. Burn | 2 |
| Edmonds, Miss H. (5s.)—Mrs. Palmer, 2; Mrs. Pickett, 13; A. M. Church, 1 | 16 |
| Egles, Miss (49)—Miss H. Staple | 5 |
| Eleanor, Sister (11s.)—Mrs. S. Prestige | 10 |
| Elphick, Miss (3s.)—Anon. 3; Miss Elphick, 10; Miss Elphick, 10 | 23 |
| Evans, Mrs.—Anon., 2; Mrs. Evans, 10 | 12 |
| Evans, Miss F.—J. B. Rossiter, 10; W. T. Odgen, 4; Rev. F. Cowan, 20 | 34 |
| Evison, Dr. F. A. (50s.)—Mrs. W. Vausen | 1 |
| Farr, Mrs.—Miss Macfarland | 5 |
| Farr, Miss F. (1s.)—L. C. H., 1; Misses Purnell, 3; Miss Smart, 5 | 9 |
| Fault, Miss (121/2s.)—Mr. Page, 5; Anon., 1 | 6 |
| Fawcett, Miss M. (21s.)—T. B. Grant, 2; Miss M. Fawcett, 3; E. H., 1 | 6 |
| Fenn, F. J. (201/2s.)—Henry C. Ash | 5 |
| Field, Miss Grace (40s.)—Miss Watts and friends, 5; E. Jameson, 5; Mrs. L. Harrison, 40; Anon., 101/2 | 601/2 |
| Finnemore, Miss K. E. (214s.)—T. B. Rossiter, 63; Mrs. Boles (further) (57s.) | 120 |
| Finnis, Miss—Anon. | 5 |
| Fothergill, C. F. (10s.)—Miss G. Filleul, 11; Miss Fothergill, 5 | 16 |
| French, Mrs. Herbert (10s.)—Mrs. Mitchell, 5; J. Rowbotham, 5 | 10 |
| Friedlander, Mrs. | 21 |
| Fuller, F. H. M.—Champion | 5 |
| Galton, Dr. J. H. (566s.)—Mrs. de Neufville | 10 |
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| Green, T. J.—Miss Gertrude Smith | 21 |
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| Gull, The Hon. Lady (30s.)—Mrs. Kemp, 21; Mrs. G. W. Palmer, 100 | 121 |
| Guthrie, Miss M. (21s.)—G. Edwards | 5 |
| Hale, Miss—3 Friends | 3 |
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| Hammond, Dr. J. A. B.—Mrs. Ware, 5; T. D. H., 2; G. W. Ware, 5; collected by Mrs. Ware, 40; collected by G. W. Ware, 16 | 68 |
| Hanmer, Miss M.—Mrs. Norris and Mrs. Eastlake Smith | 4 |
| Hargreaves, Mrs.—Miss Lily Hargreaves, 1; W. E. Hargreaves, 5; Miss Molly Hargreaves, 1; Miss Elsie Hargreaves, 1; Miss Lilian Hargreaves, 1; Monty Hargreaves, 1 | 10 |
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| Hill, Miss D. (21s.)—Mrs. Lund ... ... ... | 5 |
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| Hogarth, F. W.—F. E, 1; J. G., 1; M. S., 1; D. S., 1; J. S., 1 ... ... ... ... ... | 5 |
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| Hughes, Miss (10s.)—J. K. Montgomery ... ... | 6 |
| Hutchinson, H.—Anon. ... ... ... ... | 2 |
| Hutchinson, Miss E. (110s.)—Miss Barron ... | 5 |
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| Jamahomed, H. J. (28s.)—Hubert & Wilfred Perkins ... ... ... ... ... ... | 21 |
| Jenkinson, Mrs. (4½s.)—Miss M. Wiltshire ... | 1 |
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| Johnson, Miss (25s.)—Mrs. F. C. Johnson ... | 1 |
| Jolly, Miss—Messrs. Lyons & Co. ... ... ... | 42 |
| Jones, C. E. M.—Mrs. F. Elliott Cooper ... ... | 20 |
| Khalakdina, A. R.—Mr. & Mrs. Perkins, 21; W. J. Ryton, 1; H. Kelly, 10; Mrs. Ryton, 3 ... | 35 |
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| Knight, Miss M.—S. Knight ... ... ... | 4 |
| Knight, Miss A. (6s.)—L. R. S. ... ... ... | 1 |
| Knott, Dr. C.—Collected by C. T. Milford, Hon. Sec., Portsmouth Teachers' Benevolent Fund .. | 21 |
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| Lawson, Dr. G. L.—Mrs. Clarke ... ... ... | 2½ |
| Lawson, Miss—M. K. Wilson, 2; M. Harvey, 3; Miss Johnstone, 3; E. J. Cosgrave, 3; E. & A. Lawson, 10 ... ... ... ... ... ... | 21 |
| Lear, Miss—Mrs. J. Roberts... ... ... ... | 4 |
| Leather, Miss—B. & H. L. ... ... ... ... | 25 |
| Leckie, M.—Collection ... ... ... ... | 85 |
| Leedham, Miss (15s.)—Mrs. H. J. Robinson, 20; F. Simpson, 5; Mrs. Armitage, 2 ... ... | 27 |
| Leeds, Mrs. (2s.)—Miss Keith, 2; Mrs. A. Leeds, 2; Mrs. Leeds, 3 ... ... ... ... ... | 7 |
| Leigh, Dr. W. Watkin—Mrs. Jessie Leigh ... | 21 |
| Leigh, Miss (18s.)—Anon., 1; Anon., 2 ... ... | 3 |
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| Lowe, Miss—Mrs. Lowe ... ... ... ... | 5 |
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| Lyons, Miss—Mrs. MacNell, 2; Friends, 11 ... | 13 |
| McAlister, Mrs. D.—Mrs. Roxburgh ... ... | 5 |
| MacFarlane, Miss—Mrs. E. A. Gordon, 5; Mrs. S. Field, 5 ... ... ... ... ... ... | 10 |
| MacKay, Miss (358½s.)—John Watts ... ... | 5 |
| MacKenzie, M. A. A.—B. H. H., 1; W. W. G., 1; Miss A. A. MacKenzie, 10 ... ... ... ... | 12 |
| MacLackland, Mrs.—Mrs. Fridd, 1; Mrs. Bain, 1; Herr Handschin, 1; Mrs. Whitehead, 1; Mrs. M., 1; Mrs. Bone, 1 ... ... ... ... | 6 |
| Manning, Miss P. M.—Mrs. Sadler, 5; Mrs. N. Marshall, 1½; Miss P. Manning, 5 ... ... | 11½ |
| Mann, Miss (6s.)—James Boydell ... ... ... | 10 |
| Marjolies, Ivor (17½s.)—Per Miss N. Isaacs ... | 10½ |
| Marler, Miss—Collection ... ... ... ... | 165 |
| Martha, Sister (5s.)—Mrs. Parriss, 20; Mrs. Spackman, 5 ... ... ... ... ... ... ... | 25 |
| Martin, Mrs. M. T. (410s.)—Oscar Raphael ... | 100 |
| Martin, Dr. J. P. (42s.)—Stratton Coles, ... | 5 |
| Mary, Sister—Friends ... ... ... ... | 4 |
| Mays, Miss—A. Kendle ... ... ... ... | 5 |
| Millar, Miss (43½s)—Mrs. Sharp and Miss Palmer, 3; Alfred Bacon, 105; Mrs. Jobson, 1; Mrs. Bridges, 1 ... ... ... ... ... ... | 110 |
| Miller, Miss G. (12s.)—Miss C. Reed ... ... | 2 |
| Miller, Miss E.—E. Danby, 1; Mrs. Miller, 10 ... | 11 |
| Mills, Miss (15½s.)—Countess of Portsmouth ... | 10 |
| Mitford, Miss (142s.)—Miss S. Bristowe, 20; Collected by A. T. Dunsmure, 23; Lady Amherst of Hackney, 24 ... ... ... ... ... ... | 67 |
| Moule, Miss E.—Anon. ... ... ... ... | 5 |
| Mudge, Miss (12s.)—G. M., 11; G. M., 2; R. M., 3 | 16 |
| Murphy, Miss—Miss M. Sweetman ... ... | 4 |
| Newport, Miss—Mrs. Newport, 5; M. Okell, 10; Mrs. M. Greenway, 1; Mrs. Shallcross, 1 ... | 17 |
| Nicholls, Dr. F. J.—A. P. Adams ... ... ... | 20 |
| Oyler, Miss—Miss Ella Nye, 1; J. C. Hayward, 1; H. E. Waddy, 1; Miss M. Mann, 1; W. Washbourn, 1; R. K. Graves, 1 ... ... ... | 6 |
| Page, Miss (5s.)—A. Hines ... ... ... ... | 8 |
| Pallett, Mrs. ... ... ... ... ... ... | 5 |
| Palmer Miss E.—Mrs. Farran ... ... ... | 22 |
| Parke, Dr. C. J.—William Griggs ... ... ... | 21 |
| Parker, Mrs. G. M. — Mrs. J. M. Parker, 2; Mrs. G. M. Parker, 1; Miss Parker, 1; Miss J. Parker, 1; Miss S. Parker, 1 ... ... ... | 6 |
| Parkhouse, Mrs. (1s.)—Anon., 5; Frank J. Sykes, 2 | 7 |
| Patience, Sister (75s.)—Albert E. Claydon ... | 3 |
| Payne, Dr. J. L.—Anon. ... ... ... ... | 3 |
| Payne, O. V.—Mrs. Cunningham ... ... ... | 10 |
| Pollard, J. Mc F.—L. & S. W., 2; W. B. P., 2 ... | 4 |
| Pollard, Miss S. F. (1s.)—Collection ... ... | 10½ |
| Powell, Miss (21s.)—Miss S. E. Morres, 12; Anon., 4 ... ... ... ... ... ... | 16 |
| Powlett, Miss K. (65s.)—Collection by Miss K. Powlett, 42; Two Friends, 41 ... ... ... | 83 |
| Prest, Miss (13s.)—F. W. J. ... ... ... ... | 1 |
| Prickett, Miss (5s.)—J. S. Shimwell ... ... | 22 |
| Prickman, Miss—"Ymous" ... ... ... | 20 |
| Prier, Samuel—S. P., 10; A. P., 5; P. P. S., 5; Miss V. Jones, 1 ... ... ... ... ... | 21 |
| Proctor, Miss (5s.)—L. Owen Owen ... ... | 1 |
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| Name. | Shillings. |
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| Brought forward | 27282 |
| Purves, Mrs. Laidlaw (1s.)—Miss Carver | 1 |
| Pye-Smith, Mrs. (40s.)—P. H. P. S., E. G., P. G., and H. M. M. | 42½ |
| Queen Ward (21s.)—Miss C. Lewis, 42; J. H. Vousley, 105 | 147 |
| Queen, Sister (65s.)—Mrs. M. Rowe, 1; Miss A. Short, 2; Miss G. Carey, 5; Miss Scott, 17 | 25 |
| Ransford, L. M.—Mrs. Hayward | 2 |
| Rawlings, Miss E.—Miss M. Colyer | 5 |
| Ray, Miss (3s.)—H. Rowson, 3; Anon., 1 | 4 |
| Reed, Mrs. Haynes—J. G. Garthwaite, 1; Mrs. Child, 1 | 2 |
| Rees, Mrs. Arthur (7½s.)—A. W. K. P., 1; Dr. Hunt, 2 | 3 |
| Reeves, Dr. Albert—S. S. Betteridge | 1 |
| Reeves, Mrs. (12s.)—A Friend | 2 |
| Reynolds, Dr. John—Miss Hawes, 2½; J. F. Reid, 2½; Miss M. Chapple, 42 | 47 |
| Richards, Dr. Owen (10s.)—Miss E. Erle | 100 |
| Richardson, Dr. Horace (28s.)—Mrs. and Miss Richardson | 15 |
| Rippmann, C. H. (142s.)—Anon. | 10 |
| Roberts, Dr. J. W. (15s.)—Colonel W. H. Mott | 2 |
| Roberts, Dr. R. J.—Henry G. Lamerton | 5 |
| Roberts, Dr. Astley C.—Mrs. Pearce | 20 |
| Robinson, G. C. F.—Mrs. Hockcliffe | 5 |
| Rodgers, N. (5s.)—A. Humphreys | 21 |
| Rogers, Mrs. S. E.—Mrs. Edgecumbe Rogers | 5 |
| Ropner, Mrs. W. | 10 |
| Rowell, Miss M. E.—Mrs. Cameron, 21; Mrs. Hair, 10; Mrs. Boome, 5; Mrs. Colyer, 5; Dr. Harvey, 10½; A Friend, 10 | 61½ |
| Ruth, Sister (758½s.)—Miss W. Price, 2; A. M. Evans, 30; H. Veasey, 200; Frank Forster, 5; A. M. Evans, 10; G. Alum, 3; Collection by Mrs. Miller, 40; James Christie, 70; Mr. Galton, 10; Miss Huntington, 10; Miss A. Pitty, 3 | 383 |
| Saward, Dr. A. H.—Mrs. D. Carmichael | 20 |
| Scales, J. E.—Miss Kilvert | 100 |
| Senior, Rev. C. A. L. (26s.)—Mr. and Mrs. Cadbury | 10 |
| Sewell, Miss—W. Beck | 2 |
| Sheaf, E. W.—J. S. Watson | 20 |
| Shotter, Miss (3s.)—R. E. S., 1; E. H. S., 1; H. B. H., 1; J. H., 1; F. A. S., 1 | 5 |
| Silverwood, Miss S. (10s.)—Miss A. Adkins, 1; T. B., 1 | 2 |
| Slack, Miss (9½s.)—E. L. Calves | 7 |
| Smalley, J. T.—M. G., 1; M. A., 3; Anon., 10 | 14 |
| Smith, H. J.—Miss Eva Joste | 10 |
| Smith, Miss F. E. (1s.)—Mrs. Hodges | 5 |
| Snell, Miss—Anon. | 9 |
| Spiller, Miss (2s.)—C. S. Spiller, 2½; Mrs. H. Spiller, 20 | 22½ |
| Spurling, Miss—Miss H. E. Smith | 10 |
| Stone, Miss (14½s.)—William Stone, Easter Offering | 30 |
| Strathern, Mrs. (43s.)—Mrs. Bliss | 9 |
| Stubbs, Miss | 6 |
| Surgery, Sister (70s.)—Mrs. Way Smith | 5 |
| Taylor, Miss Ethel (6s.)—Mrs. M. Lane | 1 |
| Taylor, Mrs. H. (6s.)—Miss A. Sparshott, 2; Anon. 1 | 3 |
| Taylor, Mrs. Frederick (39s.)—Mrs. E. Savory, 3; Mrs. W. Black, 1; Mrs. W. Freuer, 5; Mrs. Darenburg, 20; Lady Manby, 1; G. L. Browne, 2; T. B. Drage, 10; Rev. F. Marshall, 5; Mrs. Read, 3 | 48 |
| Carried forward | 28539½ |

| Name. | Shillings. |
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| Brought forward | 28539½ |
| Tomlinson, Mrs. T. C. | 5 |
| Tracey, H. E. H.—Mrs. Lee, 1; Mr. Terry, 1 | 2 |
| Treadwell, Miss—F. T. Southam, 5; B. Heath, 2½; Mrs. Treadwell, 20 | 27½ |
| Turner, T. (33s.)—Mrs. T. Turner, 8; Miss J. Turner, 1; Miss Turner, 1 | 10 |
| Tyson, Mrs.—Mrs. Witherington, 1; Mrs. T. E. Witherington, 1 | 2 |
| Upham, Miss (30s.)—Miss A. Gex | 3 |
| Vaughan, W. W.—Samuel James | 21 |
| Vicary Miss M. (120s.)—A. M. Colyer, 5; Mrs. W. Price, 5 | 10 |
| Waldron, Miss (11s.)—Anon., 2; Miss Stevens, 5 | 7 |
| Walker, Miss A. L. (1s.)—C. Huggins | 1 |
| Wales, Dr. E. G. (18s.)—Mrs. E. Dowling | 9 |
| Waterman, Miss (151s.)—Mrs. Parker, 5; J. H. Talbot, 10 | 15 |
| Webber, H. W., F.R.C.S.—Dr. and Mrs. Webber, 8; L. H. Lewin, 3; Mrs. and Misses Webber, 4; J. F. Berry, 10; George Davis, 5 | 30 |
| Wells, Mrs. C. H. (542s.)—Miss Bishop, 6; Miss Downer, 6; Collection, Friern Lodge, 23 | 35 |
| White, Miss—Major F. White | 21 |
| Whiteford, Miss—Anon. | 1 |
| Willan, Dr. G. T., Senr.—Anon. | 2½ |
| Williams, Henry—Mrs. Yonge | 10 |
| Withington, Miss—A. Rath, 1; J. Mahoney, 1; W. George, 1; A. Warren, 1 | 4 |
| Wood, T. N.—Mrs. Wood | 25½ |
| Wood, C. A.—J. Singford | 20 |
| Wood, Miss—Mrs. Stewart Harrison | 21 |
| Woods, Miss E. M.—Miss A. Zimmern, 20; S. O. Locke, 10 | 30 |
| Woodward, H. M. (3s.)—Mrs. A. R. Hudson, 4; Collections, 71; Colonel Woodward, 5; A de La Fontaine, 42; Mrs. Hallam, 10 | 132 |
| Worship, Mrs. | 6 |
| Wragge, E.—B. Read | 21 |
| Wright, Mrs. (51s.)—Mrs. A. F. Gault | 5 |
| Young, Dr. F. C—Miss Beale, 2; Colonel Wedderburn, 10 | 12 |
| Young, Miss (8½s.)—M. E., 2; Miss Young, 10; Miss Young, 5 | 17 |
| Zorab, Arthur—Mrs. Dowell Lee, 5; Mrs. R. Gunter, 10 | 15 |
| | 29060 |
| Further collections from sources outside the Hospital | 2400½ |
| TOTAL (up to 2nd inst.) | 31460½ |

## Papers by Guy's Men.

Hunterian Lectures on the Dissemination of Mammary Carcinoma. By W. Sampson Handley, M.S., M.D. Lond., F.R.C.S. Eng. Lecture III.—*The Lancet*, 22nd April, 1905.

A Further Note on the Relation between Various Atmospheric Conditions, and the Occurrence of Cerebral Hæmorrhage. By James W. Russell, M.A., M.D. Cantab., M.R.C.P. Lond.—*Ibid.*

# Correspondence.

*To the Editor of* Guy's Hospital Gazette.

## The Teaching of Obstetrics.

Sir,—I was very interested to see Dr. Bryan's letter in your issue of April 8th.

I have often felt that there is a great want of teaching of the practical part of midwifery at Guy's. At least it was so some five years ago.

A man had no chance of learning how to apply forceps and—what is far more important—how to use them when applied, unless he had the time and means to go to a lying-in hospital after he had qualified, or had the good fortune to become assistant to a doctor who would teach him how to use the forceps.

Further, no attempt was made to teach a student how a confinement should be *properly* conducted.

Judging by the large number of split cervices one comes across, which apparently date from a forceps delivery—many of which cases doubtless go on to carcinoma or give after-trouble—it is evident that many men do not succeed in extracting without tearing the cervix. This, I take it, is because they have never been taught practically how to conduct a forceps case. There is ample clinical material in the neighbourhood of Guy's, and from what I remember of my cases there were plenty in which forceps could have been used to the mutual advantage of patient and student.

Please accept my apologies for trespassing so much on your valued space.—I remain,

G. P.

April 18th, 1905.

# Appointments.

## Civil.

Bowen-Jones, L. M., L.R.C.P. Lond., M.R.C.S., has been appointed Certifying Surgeon under the Factory and Workshop Act for the Carmarthen District of the County of Carmarthen.

Harnett, Charles John, M.D. Lond., M.R.C.S., L.R.C.P., has been appointed Honorary Visiting Surgeon to the Royal Sea Bathing Hospital, Margate.

Harris, John, M.D., B.S. Durh., has been appointed Honorary Assistant Physician to the Sydney Hospital, N.S.W.

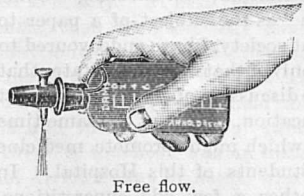
Malcolm, John D., M.B., C.M., F.R.C.S. Edin., has been appointed to the Chair of Physiology at Otago University, N.Z.

Swan, R. H. Jocelyn, M.S., F.R.C.S., has been appointed Surgical Registrar to the Cancer Hospital, Fulham Road, S.W.

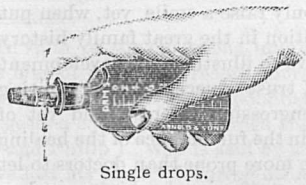
# Specialities.

## Chloroform Drop Bottle, with Reversible Stopper.

Registered No. 429,491.



Free flow.



Single drops.

Stopper reversed.

The above illustration shows a new form of Chloroform Drop Bottle, introduced by Messrs. Arnold & Sons of West Smithfield, London, which possesses considerable advantages over any placed on the market hitherto.

It is of *simple construction*, no screws or washers are used, the tightening of stopper is solely effected *by a careful grinding* into the neck of bottle.

The stopper is *made of Galalite*, a new patent composition which, being light in weight and clean, *is not affected* by Chloroform or Ether.

The metal air funnel passing through the centre of stopper and terminating in a curved metal tube inside the bottle is so adapted that either a *free flow* of the anæsthetic *or a discharge in single drops* only, can be produced; this, by raising the finger from the funnel or by holding it pressed on the same. In the latter instance the air current gets interrupted with the result as described.

By reversing the dropper the opposite end of stopper serves to close bottle hermetically. Thus a supply of chloroform is readily at hand whenever use occurs.

Before putting back the bottle, *care* should be taken *to reverse the drop end of stopper* as otherwise the anæsthetic will run out.

The *metal clip* is attached for *additional safety* only. It holds the stopper securely in position, should the bottle be subjected to violent shaking when carried about filled.

The stopper is removed most easily in the following manner: hold the bottle firm in the one hand whilst the other hand gives a turning movement to the stopper. The same would apply to the closing of the bottle, as the stopper is only perfectly tight by resting well in the neck of bottle.

# Some Superstitions in Medicine.

A paper read before the Physical Society on February 25th, 1905, by Mr. F. W. Morton Palmer.

Mr. President and Gentlemen,—In choosing "Some Superstitions in Medicine" as the subject of a paper to be read before this ancient society, I have endeavoured to comply with the last part only of that rule which states that this Society exists for the discussion of matters of interest in relation to medical education, though at the same time I have avoided anything which might promote medicine or surgery among the students of this Hospital. In short, by collecting together a few odd superstitions, which heard singly may only raise a smile, yet, when put each in its respective position in the great family history of folk medicine, may serve to illustrate the development of that science, I have—I trust—succeeded in presenting you with a subject of engrossing interest, and yet of absolutely no importance in the furtherance of the healing of mankind. No men are more prone than doctors to let their conversation dwell on professional subjects, and so any effort, however feeble, to present a paper which discusses neither diagnosis, prognosis, nor orthodox treatment, will I expect be welcomed as a relief.

But few of the observations recorded in this paper can lay any claims to originality, but I have searched diligently in many books, and in avoiding hospital post-mortem reports it has been hard not to quote overmuch from other far less authentic, though often much older works; herbalists and their prescriptions, however, I have carefully eschewed.

I have come to no conclusions, and have proved nothing new, but am perfectly convinced that every superstition prevalent in one county of England is but a single member of a whole large family; it has brothers and sisters in other counties, and cousins in far off China and Japan, the family likeness in each case being most striking. In a few cases I have been able to trace the pedigree, but generally naming a few relations has alone been possible.

The term superstition is universally known and accepted, and yet is so vague, that it would be courting disaster to attempt a definition; *neither a miracle nor an empirical line of treatment, and yet possessing some of the characteristics of each*, might express an idea, but would convey nothing to anyone ignorant of its nature. The transition from "Touching for the King's Evil" to belief in the efficacy of a journey to Lourdes is easy, and yet we speak of the miracles at Lourdes; while many empirical lines of treatment, having once been found successful, are persisted in so tenaciously that they finally become mere superstitions.

It will have been noticed that superstitions refer, for the most part, to curable diseases, or such as often are cured without any treatment:—for instance, tuberculous glands, warts, shingles, etc.; and, in cases where impossible cures are reported, it is easy to understand the reason of the mistake in diagnosis. Nervous complaints seem to have escaped the attention of our forefathers, or perhaps the fact that they are so often incurable led to their neglect by superstition.

The first superstition I shall discuss to-night is the belief, so universally held till the beginning of the eighteenth century, that the king of England had the power to cure scrofula by the mere laying on of hands. No better example of human credulity could be cited than the faith which led all classes of people afflicted with this disease to use every means in their power to obtain even the mere finger touch from the royal hand. Scattered throughout the historical writings of the middle ages we find numerous references to this disease, and many records are given of undoubted cures by scribes, who are usually considered to be accurate in their statements, and who always explain the cure—if they think an explanation necessary—by the sanctity of the operator.

Scrofula, or king's evil—like the term leprosy in the Bible—seems to have been applied to many and various forms of disease, though Celsus and Hippocrates limited the term to an inflammation of various glands, but more especially those in the cervical region.

The word is derived from *scrofa*, a pig, and the simile is due to the fact that in children the enlarged cervical glands almost obliterate the constriction due to the neck, and cause the head to pass into the shoulders without any break, as does a pig's.

As tuberculosis is the commonest cause of chronic enlargement of these glands in children, and as other manifestations of this disease often exist either at the same or a subsequent period, it is easy to see that the name could be assigned to other diseases besides glandular enlargement; and there is evidence to show that this actually did happen. Many of the patients who were touched were adults, in whom tuberculous cervical glands are by no means common; and in Charles II. reign it is recorded that Arrice Evans was touched for an ulcerated nose, a detail which points to the term having included many other diseases, as pathology was not then capable of connecting tuberculous glands with lupus, though the modern French school have extended the term to include tuberculous ulceration and even lupus.

Edward the Confessor seems to have been the first sovereign to exercise his power of healing in a case recorded by William of Malmesbury, who wrote in 1128. This sainted king rubbed a woman's neck with his fingers dipped in water, and "joyous health followed his healing hand." This is the earliest record of the custom, and this king's power is mentioned by no other writer of that period. It had always been stated that the regal power of healing descended by heredity—and heredity only; but, as the English crown has often changed hands to a successor out of the direct line, this theory had to be modified, and Touching came to be considered a divine right vested in the kingship. As the French kings, doubtless jealous of their English rivals' power, began to exercise the right, and presumably the power also—the

limits of heredity were stretched to include those foreign princes who could show alliance with the English royal family, and then the right was claimed by all French kings.

Philip I. exercised the power, though it is said that his immoral life destroyed its efficacy. Laurentius, physician to Henry IV., claimed Clovis I., the Frankish king of 481 A.D., as the original recipient of the power. Francis I. exercised it, even in captivity, and the French kings continued the practice as late as 1776.

From the time of Henry II. onward frequent mention is made in contemporary manuscripts of this kingly power, there being evidence to show that each sovereign exercised it; though, even in Edward II.'s reign a note of scepticism is struck, for John of Gaddesden, who wrote about 1320, and was the first English physician attached to the Court, recommends that the patient should be touched *after the failure of other treatment.*

In Henry VII.'s reign we have the first evidence of any ceremony connected with this civil laying on of hands; he instituted a special religious service for it, which is often found in old prayer books, it having been first included in the Book of Common Prayer in Queen Anne's reign. This same king was also the first to present money to the sufferer at the same time, and the angel noble was the coin usually given; this was the ordinary gold coin of the period worth about 10s., equivalent now to £5, and was not a special token struck for the occasion. Later sovereigns, however, found this so great a tax that they reduced the size of the coin, and some even gave silver.

Elizabeth also practised "touching," and the name of the disease was changed during her reign to Queen's Evil. She is reported to have been averse to the practice, and certainly told the people during one of her Gloucestershire progresses that "God only could relieve them of their complaints." The implied assumption of divine power would doubtless be repugnant to this Protestant Queen, but the evident faith of the people in her ability to cure them would flatter that vanity for which she was renowned, and add a striking feature to the pomp of the progresses she loved so much.

Many rules and regulations are extant concerning the ceremony. Elizabeth ordered that no patient suffering from any noisome pestilence should approach her to be touched. James I. refused to practice during the summer months, and Charles II. declined "to touch" in London while that city was scourged with the plague. In one reign a certificate was required that the patient was too poor to pay the physician's charges, or else that the disease was of so virulent a type as to be beyond the physician's skill. Charles I. required a magistrate's or minister's certificate to the effect that the patient had not been touched before, but it was claimed for him by Badger, who wrote in 1748, that he could cure by prayer and benediction without the exercise of his touch.

During the reign of Charles II., the practice was at its height, and we are given an excellent account of it in a curious work published in 1684 by John Browne, one of the King's surgeons, entitled "Adenochoiradelogia, or an Anatomick-Chirurgical Treatise of Glandules and Strumaes, or King's Evil Swellings." Registers were kept at Whitehall, and the names of all who were touched were there recorded; each case was previously examined by a surgeon, who certified as to the nature of the disease, and advertisements are to be found in the "London Gazette" of those surgeons who were authorised to certify. At first the King only touched once a month, then he graciously consented to touch every Friday, but finally the practice became so popular, that as many as 600 were touched at one sitting, and occasionally the sittings were held thrice weekly. Between 1662 and 1682, a period of twenty years, so many as 92,107 were touched; and an instance is recorded of one man, Arrice Evans by name, who threw himself in front of the King in St. James' Park, and implored his divine assistance.

In spite of the enormous number that were touched, the bills of mortality record more deaths from scrofula during this than any corresponding period:—a fact which suggests a comparison between the characters of Charles II. and Philip I., who is said by the French historians to have lost his power of curing owing to the immorality of his life.

The prospect of gold was doubtless the incentive in many cases, and the "Parliamentary Journal" of 1660 records that a man endeavoured, fraudulently, to participate in the distribution, but that the king, with that power of recognising faces so often attributed even now to royalty, protested that "this man has not yet been touched."

The king sat in state at Whitehall, and each patient presented his certificate on bended knee to the king, who proceeded to stroke the swellings on the patient's neck, whilst the chaplain recited prayers and the text "They shall lay their hands on the sick and they shall recover." The piece of gold was then presented to him by the king, who received it from the clerk to his majesty's closet, who in turn received it from the keeper of the closet.

Charles II. departed from the custom of giving coin of the realm, and caused special gold touch pieces to be struck, many of which are still in existence. The piece was pierced to receive the white silk, with which the patient hung it round his neck; but it was considered superstitious to imagine that loss of the coin destroyed the efficacy of the touch!

Pepys and Evelyn mention the custom, but that it was not believed in by the medical profession is proved by this quotation from John Browne: "I could offer many, having had the honour of obtaining the Touch from His Majestie's hand, for most of whom I have had afterwards to conclude their cure." James II. practised touching, but William III. abandoned it, though it was resumed again in Queen Anne's reign, and one of the last patients to submit, was Samuel Johnson, the great moralist, who at the age of thirty months, was touched by Queen Anne in 1712. It is recorded by Boswell

however, that he suffered from scrofula all his life, "which disfigured a countenance naturally well formed, and hurt his visual nerves so much that he did not see at all with one of his eyes."

With the accession of the House of Brunswick the practice ceased, though the office for healing is bound up in four subsequent editions of the Book of Common Prayer. The Pretenders claimed the power, doubtless with the intention of exercising the popular mind in their favour, and a case is recorded in which Charles Edward, at Holyrood, in 1746, touched a child who was healed in twenty-one days.

I have now traced the history of this superstition through a period of 640 years, from Edward the Confessor to Queen Anne, during which it held sway apparently over the whole of the population of the British Isles, and possibly added not a little to the popularity of the reigning sovereign.

From early ages even down to the present day, any child, who is born in a caul, is considered to have been marked out by Fortune as one of her favourites. During the course of normal labour the membranes are ruptured before the child is born, but, if they are unusually tough, the head may pass the vulva within the unruptured amnion, which then breaks about the level of the child's neck, and he is born with a cap of amnion. The child will grow up—so says superstition—with peculiar characteristics: he will always be a wanderer, and probably a sailor, but will always live under a lucky star, and if wrecked will not sink, so that he cannot be drowned. It is solemnly related in one book that a certain nurse experimented whilst bathing a child, who had been born in a caul, and found it absolutely impossible to push the infant under the water—"some invisible power seemed to buoy it up."

A part of the membranes was stretched on a piece of stiff paper and kept at home by the parents, who were able thereby to tell the state of health of their son; so long as the membrane was dry the son was safe, but if it became wet or soft, their son was in danger or seriously ill. If, however, the caul should happen to be lost—then he was surely drowned. (Some will remember that in their infancy they brought back long pieces of sea weed from their summer holiday, which, hung up behind the nursery door, acted as an admirable barometer.)

The antiquity of this superstition is vouched for by the fact that St. Chrysostom inveighs against it in one of his homilies as a common practice in the Primitive Church. Several words occur in the Arabic tongue to denote a caul, while in different parts of England it is called "Babys Veil," "Silly How," and "Silly Hood."

The growth of a superstition is always interesting to watch, and so in this case we can trace its morphology. First the child was lucky; then the possession of the caul by the man or his relatives was necessary for his good luck, and thus the actual caul itself came to be regarded as the bringer of fortune; so that in time the caul was given to total strangers to bring them good luck, though in the Middle Ages relatives only of the child could hope to benefit by its possession.

It is easy to see that cauls soon came to possess a monetary as well as a sentimental value, and the notice "Cauls for sale within" was to be seen in shop windows in the neighbourhood of the Docks till recent years. In the seventeenth century their price ranged from £10 to £30, and we are told in Dickens' novel that David Copperfield was born in a caul, which was advertised in the newspapers for sale "at the low price of fifteen guineas." In the *Times* of 20th February, 1813, we read: "A child's caul to be sold, in the highest perfection. Enquire at No. 2, Church Street, Minories. To prevent trouble, price £12." Also in the *Morning Post* of 21st of August, 1779, gentlemen of the navy and others going long voyages to sea have their attention drawn to a child's caul which is for sale at Bartlet Buildings Coffee House in Holborn. "N.B.—To avoid unnecessary trouble, the price is twenty guineas." And similar advertisements appear in the *Times* up to 1848. Evidently the possession of such an article was a luxury, and its price a subject of much dispute.

This superstition is firmly believed in France, and *être né coiffée* is a favourite expression, which has its equivalent in "born under a lucky star"—our reference to another superstition.

The gift of eloquence was anciently supposed to be conferred by the possession of a caul, so that lawyers eagerly bought them, and we may possibly trace therein a relation to the coif worn by our Serjeants-at-law, though no record exists of lawyers having ever worn the cauls they paid for so dearly.

The prevalence of this superstition is a testimony not only to the simple faith of those who held it, but also to the implicit trust they placed in their midwives; for often they alone are present at the birth, and they alone know how the membranes are ruptured. What easier than to stretch a piece of ruptured membrane on a card, and sell it as a caul?

There are many other superstitions connected with child-birth, but I can only mention a few of them. It has always been customary to burn the placenta, etc., immediately after delivery, and a fire is generally lighted for that purpose in the room, even in the middle of summer; this practice is very widespread, though I can find no mention of it in any old book.

The Ancient Britons always encircled the woman with a special girdle if the labour was difficult. This girdle was covered with devices and emblems, and was put on with various prayers and incantations; the practice has come down to recent times, many such girdles being carefully preserved by various Highland families. Though undoubtedly a superstitious rite, and used quite indiscriminately, whatever the cause of difficulty in the labour, it probably originated in the fact, which somebody observed, that a woman with a pendulous abdomen was assisted thereby; for in the text books we still read of a "tight binder" as the correct treatment for that condition.

Other recognised treatments in the middle ages were the application of a ring set with jewels round the

woman's thigh, and wrapping her up in a serpent's skin; while in some parts the husband was put to bed at the same time, and treated as a sick man throughout the term of his wife's labour. In Surinam, at the present day, the man keeps to his bed for six weeks.

The rhyme "Matthew, Mark, Luke and John, bless the bed that I lie on, etc.," was originally repeated by women at the commencement of their labour, or by the midwife in attendance:—a fact which has been lost sight of by those who now teach it to their children.

It is a midwife's custom to char the pieces of linen in which the stump of the umbilical cord is wrapped; the result is an aseptic dressing, though its use was prevalent long before the knowledge of sepsis was established, and its effect is vitiated by the fact that the linen is charred often fourteen days before the confinement. The spoonful of butter and sugar generally given to new-born infants as their first food, is the modern substitute for the butter and honey ordained in the Bible. "Butter and honey shall he eat, that he may know to refuse the evil and choose the good."

The Front Surgery often hears some peculiar superstitions, and I have myself been asked there whether death would not follow if shingles were to completely encircle the body; the facts that herpes is nearly always unilateral, and that the appearance of any very unusual phenomenon often forbodes death to the uneducated mind are sufficient to explain the origin of this belief. In Wales the saliva of a person who has eaten eagle's flesh, if it be smeared on the eruption, is regarded as a certain cure, and there have been certain persons who, having at some period of their life tasted that bird's flesh, have made their living by the sale of their saliva—surely the easiest profession in existence. Another prescription copied from a book, dated 1684, is as follows: "Take a cat and cut off her ears or her tail, and mix the blood thereof with a little new milk, and anoint the grieved place with it morning and evening for three days. Every night when the party goes to bed, give her or him two spoonfuls of treacle-water to drive out the venom." In South Africa the milky juice exuded by the toad is considered as a specific for herpes.

In the Boro' there is a very prevalent belief that everybody has thrush at least once during life, either at birth or just before death, and accordingly it is often difficult to impress the Boro' matron with the fact that this affection is due to want of cleanliness. The stomatitis often present just before death, is of course not due to the same fungus, but sufficiently resembles thrush in appearance to account for the superstition. Again, the diarrhœa and proctitis, so often associated with thrush in these children, explains the statement heard in the Front Surgery—"it has gone right through him, doctor." The mother is apparently under the impression that the white patches have spread the whole length of the intestinal canal, and does not realise that the same want of cleanliness has also made the food more difficult to assimilate.

The cures for this complaint practised in various parts of England are also very amusing. In Cornwall the eighth Psalm is read over the head of the *fasting* child three times on each of three days in three consecutive weeks. This psalm contains the well-known verse "Out of the mouths of very babes and sucklings hast Thou ordained strength," and of course was chosen for that reason, but the only efficacious part of the treatment would be the compulsory fasting (though the period is not mentioned). A cure is solemnly reported in "Notes and Queries," but till recent times the difference between *post hoc* and *propter hoc* was but little understood.

In North Devon the mother is instructed to catch a duckling and place its beak wide open inside the infant's open mouth, and "as the sufferer inhales the duckling's breath the complaint disappears." This treatment may be described as drastic, when the size of an infant's mouth is considered, especially as according to one authority a duck, and in Cheshire a frog, instead of a duckling, is prescribed. Another treatment is to "Take three rushes from any running stream, pass each separately through the mouth of the infant, and then plunge the rushes into the stream again, and, as they are borne away, the complaint will go." Here we have an instance of the belief in the transference of disease to inanimate objects—a belief which is very common, and which we shall meet again later on in other diseases.

The Boro' girl, if asked why she wears earrings will often say that it is to cure her sore eyes, and the belief in their efficacy for this purpose is very prevalent in England. The wearing of earrings is of course extremely common, more so, perhaps, in foreign countries than in England. The famous statue, Venus de Medici, at Florence, represents that goddess with her ears pierced, but of course the rings are in most cases worn for personal adornment, though whether they were primarily worn as ornaments or as prophylacterics I have been unable to find out. Men as well as women often wear them:—Shakespeare in the Chandos portrait is so portrayed, and it is a common custom with sailors, whom the constant contact with salt water may render liable to blepharitis, which is the eye complaint especially amenable to earrings.

Doubtless it was the piercing of the ear and not the wearing of the ring which was originally thought to do good—but another example of counter-irritation—to be coupled with setons and the frequent use of blisters. In Cornwall a piece of the hangman's rope was regarded as a safe cure for sore eyes, and it is recorded that a girl so afflicted walked twenty miles to an execution in order to obtain a piece. Others pierce the shell of a living snail and let the exuding fluid drop on the eyes.

In the study of Folk Medicine it is often found that the curative power of various substances are supposed to be due to their colour and not to their substance; thus all materials of the same colour were supposed to have the same properties, and were used to cure diseases which were associated in the human body with that colour. For instance, it is easy to see how red flowers, or the leaves of plants with red flowers, came to be considered

correct for diseases of the blood, and yellow flowers for hepatic disorders.

Finsen and others have recently been advocating the treatment of small-pox by red light—though so far but little success has attended that form of treatment, and it is interesting to know that they are but reviving a mediæval superstition, and garbing it in a new scientific dress. For in smallpox during the middle ages, red bed coverings were always employed to bring the pustules to the surface of the body; and John of Gaddesden, physician to Edward II., prescribes a red night dress for his variolous patients. He says: "When the son of the renowned king of England (Edward II.) lay sick of the smallpox, I took care that everything around the bed should be of a red colour, which succeeded so completely that the Prince recovered and showed no trace of his illness." Similarly, the Emperor Francis I., when infected with smallpox in 1765, was wrapped up in scarlet by his physician's orders, though in this case the patient died. In Japan the children of the royal house, when so afflicted were wrapped in red, in red rooms, and all who approached them were compelled to be dressed in red, though I do not know whether this superstition has died out with the advent of European culture to those islands.

Scarlet fever is similarly treated, and in "Notes and Queries," about 1883, a correspondent writes that "When I was a student at St. Bartholomew's, forty years ago, one of our lecturers used to say, that within a recent period there were exposed for sale in Fleet Street red tongues—*i.e.*, tongues of red cloth to tie round the throats of patients suffering from scarlet fever." Other evidence of the use of scarlet, with a sympathetic purpose, is the wearing of a skein of scarlet silk round the throat to cure epistaxis, which, however, was not always to be stopped, as it was sometimes considered of good omen, for in the Merchant of Venice we find Launcelot saying, "It was not for nothing that my nose fell a bleeding," when he hears of good fortune.

Other favourite treatments for epistaxis were to transfix a toad by a sharp instrument, and wear it in a little bag round the neck; or if the patient be a man, he asks a woman to buy a lace, without either giving money, saying what it is wanted for, or returning thanks when he receives it; this lace is then worn round the neck for nine days.

Blue is not often mentioned in Folk Medicine, though flannel dyed nine times in blue was held to be efficacious for the removal of glandular swellings. On the banks of the Ale and the Teviot, we learn from Black (a great authority on medical superstitions), the women still wear blue woollen threads round their necks till they have weaned their children. These cords are handed down as heirlooms from mother to daughter, and are supposed to protect the wearer from puerperal fever, their efficacy being proportional to their antiquity.

The brightest coloured decoctions are given to "throw out" exanthematous eruptions, and accordingly it will be found that saffron tea is always given by the Boro' matron for measles, and medicine is often coloured simply to suit the public taste.

There are many curious superstitions connected with the teeth: thus in Cornwall a patient suffering with toothache is told to fill his mouth with water and sit on the fire till it boils. It is difficult to discover whether this treatment is regarded as ideal but unattainable, or whether the patient is being scoffed at. M. Thiers in his *Traité des Superstitions* says, that a bit of iron held between the teeth, when you hear the bells ring on Holy Saturday, will cure the toothache, which is to the credit of the patience of those afflicted with toothache in France.

All over England it is customary to throw a tooth which has been extracted into the fire, after having first sprinkled it with salt and wrapped it in paper. The explanation, however, differs in various parts of England; in Lancashire it is thought that the penalty of not doing so, is that after death the ghost will be compelled to return and gather up his lost teeth, searching for each in a pail of blood. But in Buckinghamshire this practice is carried out to avoid a dog swallowing the tooth, in which case it is firmly believed that a dog's tooth would grow in place of the one extracted. In Scotland the tooth must be projected over the left shoulder, so forcibly that it cannot be found again after diligent search, a practice which is often carried out, especially with milk teeth.

The patella of a sheep or a man, worn near the skin, is regarded as a specific for the cramp, and nocturnal enuresis can always be cured if the sufferer will eat a dish of three roasted mice.

It is, however, in the cure of warts, that superstitions are most rife, and in almost every instance the supposed cure is brought about by their transference to some inanimate object. Vicarious charms have been popular in all ages, and a favourite resource of the *wise woman*, just as a witch was exorcised by sticking pins all over a piece of wood, roughly modelled to her shape, and then burning the image. In East Sussex the patient's nails are cut, and the parings wrapped in paper are deposited in the hollow of a pollard ash concealed from the birds, then, as the paper decays, the warts will vanish: this cure is vouched for as taking place in his own case by a correspondent to "Notes and Queries," who apparently was unaware that warts often disappear without treatment. In Yorkshire and Lancashire "a piece of meat must be stolen from a butcher's stall or basket and well rubbed over the parts affected, it must then be buried under a gateway at four lane ends, or "—and this is a beautiful touch—"in case of emergency it may be buried in any secret place. All this must be done secretly, and as the meat decays, the warts will disappear." In Devonshire the stolen meat must be thrown over a wall, over the patient's shoulder. Lord Bacon, in his Sylva Sylvarum, says, that the English Ambassadress in Paris, "who was a woman far from superstition," suffered from a hundred warts, which she cured, by rubbing them with lard on which the skin had been left,

and then nailing that lard on the window with the fat side towards the sun: a performance which required a peculiar temperament in a lady. In Gloucestershire a large black snail is rubbed on the wart, and then impaled on a thorn; as the snail dies, which it must infallibly do, the warts go.

Similar superstitions exist in different parts of England the only difference being in the object chosen to which the wart shall be transferred. In Somersetshire it is a slip of elder, in N. Scotland a wheat-stalk with as many knots as there are warts, in Manchester a piece of twine, and in Buckinghamshire a number of stones; though in this county there is added refinement, for if the stones are picked up by anybody else he will be afflicted with the warts which have forsaken the original patient. In Leicestershire the patient must be led to an ash tree by a lady who sticks a pin first into the bark and then into the wart till pain is produced, the pin is then stuck into the tree again and left to rust, so that trees can often be seen studded with pins ("Notes and Queries"). In some parts of Bucks, however, the acme of faith is attained by those who believe that a "wise man" can cure warts by merely counting them.

Rheumatism is a common disease, especially in country districts, so it is not surprising to learn that it has given rise to a wealth of superstitions. A potato carried in the pocket is a favourite remedy, and there is a description of an old man's cabinet who died in 1896, which contained a number of potatoes, each polished and hardened by constant contact with his pocket till it resembled a pebble in appearance; they were labelled with their periods of office and respective merits—*e.g.*, "carried Nov. 12, 1878—May 18, 1880, very efficacious." He carried each one till the return of a twinge of pain told him that the tuber was loosing its efficacy, when it was discarded for another: as the result of his experiments he was of opinion that only the Irish potato could be relied on. This remedy was very common in all parts of England, even in 1800, and is interesting as pointing out the rapid growth which a superstition can have, for the potato, though introduced into England by Drake in 1586, did not become universal till the beginning of the eighteenth century. The Dutch also employ this remedy, though they add the proviso that the potato must be stolen.

A roll of sulphur is a favourite charm to carry in the pocket, and in Wiltshire the fore-foot of a female hare. In August, 1903, a man died in Spitalfields, in whose room several rabbits were found running about, and it was explained by a neighbour at the inquest that a live rabbit was good for rheumatism, but how it was to be applied she did not state. Though most of these cures evidently relate to osteo-arthritis, and though I should be universally contradicted if I stated that medical men were prone to superstition, yet we must remember that few drugs have not been tried for acute rheumatism. Sir William Gull was so disgusted with the unreliable vaunting of different specifics for this disease that he wrote a mock article on "The Treatment of Acute Rheumatism by Mint Water," which was taken seriously by the medical profession and referred to in many of the standard books of that period.

Birth-marks require a passing mention, as a nævus is popularly supposed to be caused by maternal longings during her pregnancy,—for a strawberry, raspberry or lobster, according to whichever of these the shape of the nævus recalls. A cleft palate is caused by some fright sustained by the mother! though the parts concerned are developed in shape by the end of the tenth week of fœtal life, and the mother is not frightened till near the end of her pregnancy.

The confusion in the lay mind between deodorants and disinfectants cannot be better exemplified than by the modern practice of carrying camphor in the pocket to prevent infection. Similarly fragrant herbs and flowers were strewn before the dock in the criminal court, and nosegays were provided for the judges, which they carried to ward off the dreaded gaol fever. An interesting survival of this custom still exists at the Merchant Taylors' School, which was founded in 1561, where the masters on prize day carry bunches of flowers, presumably as a safeguard against infectious fevers.

Rape of a child is popularly believed to cure venereal diseases, hence the large number of convictions for this offence at our country assizes.

The possibility of regeneration has always appealed to the wise men of all times, and to shuffle off this mortal coil without losing the pleasures of life has been an ideal often dreamt about by the mystics. That the old life could be left behind with all its cares and troubles, and the old body—may be distorted and ulcerated—abandoned for a new life in a new body, is a pleasant thought to a man eager to begin life afresh.

That being the case, what more natural than that the ancients should endeavour to heal various disorders by a symbolical new birth?—and accordingly the Hindus passed a child, however afflicted, through the body of a female statue. This required the preparation of a statue, and so a split or perforated rock was often substituted; at Lanyon, in Cornwall, is a large "holed stone" through which, to this very day, scrofulous children, stripped naked, are thrice drawn; and at Morvah, in the same county, a forked stone is used in the same way, though the holed stone is considered much more efficacious.

The next stage in the growth of this superstition is the use of a tree split longitudinally, if a "holed stone" were not available; and in his History of Selborne, Gilbert White mentions a row of pollard ashes standing in a farm-yard, the trunks of which were seamed and scarred. These trees, when young, were split longitudinally and held open by wedges, while ruptured children, stripped naked, were passed through the cleft; after this operation the wedges were removed and the trees bound up, the rupture disappearing as the fibres of the tree grew together again. Of course this treatment also partakes of the nature of vicarious charms, of which I have already given several examples.

If the slitting of a tree were too expensive or cumbersome a proceeding, a bramble, which has grown into the earth at both ends of a long branch, and so formed a natural arch, was considered an efficient substitute as symbolical of the new birth. Accordingly to pass under such an arch is considered in many parts of England an excellent cure for "rheumatism, boils and other complaints"; in Essex a child afflicted with whooping-cough is passed three times to and fro under the branch before breakfast while the operator repeats the lines:

In bramble, out cough,
Here I leave the whooping cough.

Pertussis being a common complaint is the subject of much superstition, and in Cornwall they still tie a muslin bag containing a living caterpillar round the patient's neck, expecting the cough to disappear on the death of the caterpillar. In many counties it is correct to ask the first person you meet riding a piebald horse what he recommends, and to apply whatever treatment he suggests to the patient. In London it was till a few years ago a common practice to take the child to the nearest gasworks where he inhaled the fumes of the furnace; and in 1851 a correspondent wrote to "Notes and Queries" seriously advising that a finger should be held down the patient's throat as far as the knuckle "for 20 minutes by the church clock, and he will never cough again;"—a child cannot cough after death.

It is a peculiar instance of perverted ideas that the touch of the dead was regarded with such respect, and a dead man's hand, according to Grose, was supposed to have the quality of dispelling tumours, such as wens or swollen glands. It seems as if the hand of a person dying a violent death were deemed particularly efficacious, for it frequently happened that nurses brought children to be stroked with the hands of executed criminals, even whilst they are hanging on the gallows. At Northampton ("Notes and Queries," 5. S. I. 204), numbers of sufferers used to congregate round the gallows in order to receive the "dead stroke," for which privilege the hangman demanded a fee.

Many more superstitious ideas might be dilated upon, such as the use of urine as a surgical dressing, which was so commented on in the Boer concentration camps and is an old English custom; the idea that apoplexy was peculiarly a divine visitation, the third seizure being necessarily fatal; and the modern novelist's idea that a peculiar form of cerebral inflammation can be produced by overwork. But I am afraid that enough have already been described to render my hearers utterly weary, though I hope that I have been able to show that many medical fancies can trace their descent from very ancient times, and are by no means the creation of modern fertile brains.

I have avoided interspersing my remarks with too frequent reference to the authorities that I have consulted, as the paper would have been rendered thereby too cumbersome, while I can have no hopes that future writers on the subject will ever have need to refer to it. But I wish to record my indebtedness to—

Superstitions connected with Medicine and Surgery. T. J. Pettigrew, 1844.
Folk Medicine. W. George Black.
Brand's Popular Superstitions.
"Notes and Queries," which I have searched through from the beginning in 1850.

# The Evolution of the Mind.

ONE of the most significant signs of the times, and pregnant with ominous meaning, is the eagerness with which the doctrines of men of science are adopted by the world at large as well as by that smaller circle, who, by virtue of their professed powers of observation and increased thought, claim to hold the key of knowledge. Some of these doctrines are true in their facts and benificent in their action. But this cannot be said of all. Some are potent for evil, and by their grip upon the imagination, and the gratification they afford to man's natural sense, maintain their hold and become more widely accepted every day. Chief of these is the doctrine of Evolution. It would not be a falsity to say that this doctrine is as widely held by those who profess to believe in the declarations of revealed religion as by those who prefer to be guided by the untrammelled judgement of their reason alone.

But before parting with the beliefs of our childhood and hazarding our lot in new surroundings and exchanging the anticipations of faith for those of so called science, it would surely be more politic to carefully examine the arguments adduced and the logic by which those arguments are supported.

In the GUY'S HOSPITAL GAZETTE for February 4th, 1905, we are asked to follow the steps in "The Evolution of Mind," which are described in a lengthy article covering ten pages of close print. It exhibits great industry and considerable thought, and at the end over a dozen references to great scientists are given. Its diction is on the whole clear, but the argument is loose and great conclusions are based on insufficient premises. Naturally, as we should expect, he starts with the assumption that mind is the outcome of phenomena which cannot be classed as mental activity at all. Whether there exists a precursor at all, or whether our complex human mind can trace back its ancestry to absolute nothingness we are left to extract from the subsequent passages.

Then to elucidate the difficulties of unravelling the evolution of the mind, we are asked to regard the pioneers in that field as possessing the same knowledge of its processes as the man who knows nothing of engine construction possesses of its mechanism. One would imagine that this state of blissful ignorance would debar such a one from "hazarding a general account of the growth of thought" until he had made some acquaintance with "the vast majority of details he is unable to describe with precision." But no, we are led merrily on, and upon this confessed foundation of ignorance is built up a mighty fabric, which, having taken æons to develop to its

present condition, will some day outstrip even that exalted character, and "contain faculties, the very nature of which we cannot conceive, and which we could no more comprehend than a rabbit can understand the mathematical faculty." We are then pointed to the amœba, whose movements, and, we must infer, propagation and death, are due to "surface tension." From this postulate we are led to the corollary that the "unicellular animal is nerveless and thoughtless." However, towards the end we are told that consciousness is a "quality of evolving matter." Hence we are startled to infer that the amœba cannot be evolving matter, for it has not the quality that is one of its distinguishing features.

The next stage in the evolutionary ladder is found in the jelly fish. Here we find the nervous system formed of "scattered conducting paths."

If, however, the *Encyclopædia Britannica* — we are informed—is correct, ganglia are to be found also present. But the next argument proceeds to show that ganglia are not evolved until the number of intersecting paths form a network. When there is a network there must be nodes. And "at the nodes thus formed ganglion cells are developed." But the jelly fishes' conducting tissue consists of fine *parallel* strands (the italics are mine). But our author does not deny the possibility of ganglia being present (see footnote 3). How are these statements to be reconciled? They must be either incorrect or the argument falls to the ground. If we refer to development which, according to the "law of recapitulation," should teach us much, we are taught that nerve-fibres originate and proceed from nerve-cells and derive their nutrition therefrom. Therefore it is hard to believe that ganglia arose "simply" because the nerves crossed each others path. What "fortuitous changes" converted the ganglia into central exchanges and relay stations is unknown. But grant their "once having arisen it is easy to see how they must have been preserved and accentuated by a natural selection." Just so! "As evolution progresses we must assume that a further condensation of the nervous tissue took place."

But evidently evolution bungles its handiwork, for the lines of conduction are so interwoven that certain reflexes collide with and interfere with others. What a terrible epileptic condition to be in!

The normal crayfish, who prefers locomotion to eating, is deposed of his rights to individuality—he is on the same level as the spinal crayfish, who tries to do both and succeeds in neither. Then the man who is a "respectable citizen by day and a burglar by night" is not a humbug and a scoundrel, but is dignified by the possession of a "dual personality."

Among other difficulties we are confronted with the problem of how blinking of the eye at the approach of a foreign body appeared.

"We have not sufficient data to answer this question," but grant "*that once for some incidental reason the approach of a foreign body was followed by closure of the eyelids.*" Then all is plain sailing. But evidently the eyelids were present and possessed muscle fibres which were lying functionless and inert until stimulus arrived. Purpose is here indicated and, if environment had not dictated their formation, some other power must be invoked.

Intelligence, we are told, *probably* appeared on the earth before consciousness. Consciousness has appeared quite late in the history of animals. But, again, I must return to the statement that it is a quality of evolving matter, and as such must be present all along the line. "Consciousness is not mere purposiveness, for this is exhibited by a reflex system equally well." But what purposiveness is exhibited by the spinal cray-fish, which, placed on its back, endeavours to recover itself, but on the advent of food turns its attention partly to that, and still remains in a condition of inane movement, or again, what purposiveness actuates the decapitated snake which "winds round a hot bar just as it winds round a rabbit?"

But our attention is called to a truism which must not be overlooked. "There is a great tendency to presuppose intelligence where it dwells not." Such sentiments we heartily endorse.

The greater part of the latter pages of the paper are engaged in a disquisition on the conscious state; with that I have nothing to do. But that the object of the paper is attained in either tracing the evolution of mind, or in proving its possibility, I fail to see. It consists of a congerie of statements not borne out by facts. Facts that are adduced in support of this great theory only nullify each other, and when a great obstacle, incapable of being surmounted, is encountered, the difficulty is overcome by assuming the other side to have been reached. The doctrine of environment is invoked to account for the iron will of a Cromwell. The drunkard is but the product of his surroundings. How it is that the drunkard has been known to throw off his shackles, and in face of most tremendous temptation, remain firm, cannot be accounted for on that view.

Before I surrender my belief that the perfect mind was implanted by a beneficent Creator, in a perfect physique, and before I contemplate with serenity the thought that my ancestors were apes, and their language gibberish, I must have more stable facts, more ably marshalled, than in the article I have ventured to criticize.

CHARLES B. PENNY.

## Papers by Guy's Men.

Malignant Disease of the Fundus Uteri treated by X-Rays through the Abdominal Wall. Recovery. By Arthur J. Cleveland, M.D. Lond.; with a note on the case by Donald D. Day, M.B.—*British Medical Journal*, 29th April, 1905.

Leaves from a "Locum's" Diary. By P. H. Lulham, M.R.C.S., L.R.C.P.—*The General Practitioner*, 22nd and 29th April, 1905.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Chief Operations of Ophthalmic Surgery.* By Harold B. Grimsdale, M.B. Pp. viii. and 144. ("The Medical Times," Ltd.) 5s.

This little book will be found very useful by those students who intend seriously to take up ophthalmic surgery. It is intended as a companion to operations on the dead subject, a pig's head being used for operations on the lids, etc., and pigs' eyes held in special holders for operations on the globe. Where the anatomy differs from that of the human subject a careful description is given, and we are taught how the dead eye may best be treated so as to resemble as far as possible the condition during life.

It is often forgotten that no antiseptic can be used of sufficient strength to be bactericidal without injuring the conjunctiva, so that mere lavage must be relied on as a preliminary to ophthalmic operations. Good rules are given for the management of artificial eyes, and rough diagrams illustrate the book throughout.

An excellent manual to the most delicate, and, in some ways, most fascinating operations a surgeon can ever be called on to perform, requiring steadiness of hand and accuracy of touch "beyond compare."

*The Naked-Eye Anatomy of the Human Teeth.* By Thos. E. Constant. Pp. xi. and 194. (Messrs. J. Wright & Co., Bristol.) 7s. 6d. net.

This book, clumsy-titled as it is, will be found useful by all dental students who have felt the want of some work which describes minutely the anatomy of the mouth, its contents and its surrounding structures. The illustrations form an especial feature and are most excellent photographs, in which the various dissections of the jaws stand up like ivory on black velvet.

Very careful descriptions are given of the various teeth, though the object has been "to indicate as briefly as possible their essential features rather than to demonstrate with polysyllabic phraseology to what extent the subject can be elaborated," and success has been attained.

The mechanism of the mandible is described at great length and many quotations are made from John Hunter, of whom the author is evidently an ardent disciple.

*The Historical Relations of Medicine and Surgery to the end of the Sixteenth Century.* By T. Clifford Allbutt, M.A., M.D. Pp. xvi. and 125. (Macmillan & Co.) 2s. 6d. net.

The thanks of all medical men with literary taste are due to Professor Allbutt for publishing this address, which he delivered at the St. Louis Congress in 1904. The subject matter is most interesting, though the manner of its setting forth is in places very involved. Our author essays to prove that the separation between medicine and surgery as different branches of Medicine is pernicious, and ought never to have taken place.

Starting with Hipprocrates and Celsus he traces the natural relations of these two great branches of our profession through Galen to the middle ages, mentioning incidentally many details in the history of the antiseptic treatment of wounds.

Surgery in the middle ages was regarded as unfit for a scholar and a gentleman, and in some places "a lower examination was provided for unclerkly, that is, in other words, illiterate persons desiring to practise as surgeons only." Surgeons themselves were divided into various classes, and the élite would not touch certain operations, such as fell within the custom of professional cutters—not, that is to say, hernia, stone, plastic work, or cataract; these, we are told, Vigo (1460–1520) left to the "*Vagabonds qui courent de pais en pais.*"

If we may criticise the style of such a noted purist of the English language, we should say it is too laboured, as the writer confuses his meaning in striving after literary effect. Ponderous sentences teeming with words of many syllables are not pleasing and hinder their reader, for instance, "the disposition of mediæval thought to ontological absoluteness" is unnecessary, and "Pharmacy was . . . purged of some of its grossest, loathsomest, and foolishest ingredients" is distinctly ungrammatical. The coined word "thitherto" is an unnecessary addition to the English language, and though the essay is an excellent example of close thought, and occasionally written in a very descriptive style, yet we fancy that Dr. Allbutt would have incurred the wrath of Russell Lowell who criticises a poet somewhere in his letters by the words, "he has no right to perplex such a good reader as I am."

*Recurrent Effusion into the Knee-Joint after Injury.* By Sir William Bennett. Pp. 29. Longmans, Green & Co.) 3s. 6d.

This clinical lecture, delivered at St. George's Hospital and reprinted from the *Lancet*, consists of an analysis of 750 cases with much statistical detail, and some good illustrations. Displaced cartilage is especially considered and details given as to its treatment, but nothing new is added to our knowledge on the subject; though it is interesting to hear that so great an authority still persists in invariably exploring the knee-joint with his *finger*.

## Births.

BURNETT.—On March 31st, at Karwar, Kanara, India, the wife of Major S. H. Burnett, Indian Medical Service, of a son.

JEWELL.—On April 22nd, at Oakmead, Balham, Marion, the wife of J. W. F. Jewell, M.D., M.S. Lond., of a daughter (Marjorie Susie).

WOOD.—On April 24th, at 60, Beaconsfield Road, Brighton, the wife of Walter R. Wood, L.R.C.P. Lond., M.R.C.S., of a son.

## Marriage.

GREEN—VIDAL.—On April 26th, at Christ Church, Turnham Green, Chiswick, W., by the Rev. Percy J. Donovan, M.A., Richard J. Green, L.D.S., son of E. T. Elkins Green, of Sunderland, to Madeline, daughter of Captain John H. Vidal, R.N. (retired).

EDS.—R. E. & F. W. M.-P.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

THE recent appeal for funds and the response thereto is the subject that naturally remains uppermost in the minds of all Guy's men, and it is a matter for regret that things are not at present progressing as favourably as many of us had been led to suppose they would do. Whether it is that there are so many calls made upon the charitable that they are compelled to favour the demands of some deserving institutions and neglect others, or whether they grow generally weary of well-doing it is difficult to say. Certainly the annual returns of the various philanthropic societies show a lamentable lack of proportion in the mind of the public as a whole. The sentimental supply of blankets for the nigger, with literature to boot, still possesses more fascination for the indiscriminating than the more solid and practical needs of the poor folk at the door. Apart from more worthy motives, we should have thought that the sentimental associations of hospital work were sufficiently strong to appeal to that great army with whom sentiment looms so large, but the present slow rate of progress of the Fund shows that the urgent needs of this Hospital are at present falling on very many deaf ears.

ON Wednesday and Thursday last an heroic attempt was made by a chosen few to enlist the practical sympathies of two such eminently humane and respectable suburbs as Lewisham and Brockley. The house-to-house visitation that took place on these days was heralded by no less important a paper than the *Daily Mail*, and circulars had also been previously sent to the householders in the more important streets. The result was not a failure in any sense of the word, for nearly £70 was collected, but such a sum is small in comparison to what might have been raised had the inhabitants of Lewisham and Brockley the remotest conception of the importance of the work that this Hospital is doing for the poor of South London, and of the impossibility of carrying on this work with inadequate funds. Viewed in this light the result of the visitation does seem rather pitiably small.

SOME of the adventures that befell the various visitors to these districts—perhaps it would be simpler to call them district visitors at once—

were sufficiently humorous. One worthy inhabitant of Lewisham, or was it of Brockley (mistakes on such a point are so vital, especially in Brockley), had a novel excuse to urge in support of her failure to satisfy the enthusiast at the door. She subscribed to the Church of England. What does this mean? Perhaps some more ecclesiastically-minded persons can discern a meaning in so pointless a remark. We have been told by those who journey to London Bridge on the Brighton Railway that the conversational attempts of the gentlemen who enter the trains at Brockley is best described as "brockleying"—perhaps this is an example of the gentle art. Another more generously-minded inhabitant allowed her visitor to hunt for the scars that she had received at the hands of the Guy's surgeons, enlivening him the while with the cheery gossip of Lewisham, and rewarding him after a quarter of an hour's polite attention with a simple coin of almost inappreciable value. In yet another house a collector was bitten upon the leg by a dog.

BUT these are lurid and unpleasant incidents. In many houses in both suburbs the inhabitants were found to be eminently sane and respectable, and some of the donations were exceedingly generous. In fact, had it not been for the few who did subscribe their guineas the ultimate figure would have been considerably below £70. Whether other suburbs will be more successfully attacked remains to be seen: there are rumours of a descent upon Blackheath in the near future, and certainly the latter place can have no terrors for those who have already faced the inhabitants not only of Lewisham but of Brockley also.

INSTRUCTIONS are issued to Medical and Surgical Officers of the Hospital on their appointment, that in no case should a charge be made for certificates of inability to work required by patients to enable them to participate in the benefits of workmen's sick clubs, but it is not stated whether the officer is bound to give one if the case be suitable. Certificate-signing is a continual source of worry to officers in charge of the various departments, and it is feared that the mouth of the importunate beggar is occasionally stopped in the easiest and quickest manner—by signing his paper, sometimes without sufficient examination of the patient. It is notoriously difficult to refute a malingerer, especially when—as often happens—a man is only seen on one or two occasions; and in this respect the outside doctor, especially the doctor employed by a large firm, has advantages greater than those enjoyed by the hospital officer, as he often knows the man, or at all events knows his record, and has been treating that same class of patient for many years instead of for a few months.

IT must be remembered, however, that the hospital is the poor man's only doctor, and it is a great hardship if, when genuinely unfit to work, he should be unable to obtain his certificate and therefore his club money. This view of the matter appeals to most men, but they should remember that the club is relying on their certificate as an expression of professional opinion. It is easy enough to state that a man is unable to work a few day's after a severe injury; but who is to decide when a man says he is unable to lift any heavy weight three weeks after a severe bruise to the side? In the purely medical cases the difficulty is even greater; a man apparently suffers from vertigo, and dyspepsia is the cause diagnosed; if his statements are true he obviously is unfitted for work which involves much climbing about scaffolding, and yet from the nature of the case no abnormal physical signs can be obtained. Should he be granted a certificate?

WE note with pleasure the election of Dr. Shaw as representative of the Faculty of Medicine on the Senate of the London University.

WE regret to announce the resignation of Professor Reinhold, who first lectured in 1874 on Experimental Philosophy, but in a few years became Lecturer in Physics, a post which he has held ever since.

IT is with deep regret that we announce the death at Cairo, from enteric fever, of H. W. Brown, who comparatively recently was holding house appointments at Guy's. We hope to publish further details in our next issue, but in the meantime we would wish to express the deepest sympathy with all Dr. Brown's relatives in so sudden a bereavement.

THE results of the recent L.D.S. Examination are most satisfactory reading for Guy's men. Eighteen men passed out of twenty-one. We believe we are right in saying that these are better results than those of any other dental school in London or the Provinces.

THE New Museum, rapidly approaching completion, is definitely to be opened on Prize Day, which will be held this year in all probability on July 12, and with this building in good working order, Guy's should be one of the best, if not the best equipped hospital in London. The Museum will be lit by electricity, and warmed by a system of hot-water pipes (not by those terrible high-pressure steam pipes which prevail elsewhere, and emit noises like an army of infuriated blacksmiths at inopportune moments). It will contain all the anatomical specimens from the Wax Model Museum, the specimens of comparative anatomy, all the surgical, medical and gynæcological specimens *properly catalogued*, and also will have a corner for objects of antiquarian and historical interest. There will also be the new lecture theatre to take the place of the old anatomical theatre, and in the basement there will be a comprehensive cloak-room, which will be a very great boon to all, and easier of access than the present room in the old Museum. From the entrance hall of the Museum, between the Wills Library and the Physiological Block, there will be doors leading into the two latter, and also to the Medical Office, the present ærial flight of steps disappearing shortly, and being no more seen.

WHEN once the New Museum is an accomplished fact the Old Museum will be demolished, probably in the late Autumn, and an open space will eventually be gained as far as the Dissecting Room wall. And this is where, with fear and trembling, we venture to make a suggestion. Much as we admire the Nurses, we feel that any further allotment of open space to them would be quixotic to a degree on the part of the authorities that would serve no really useful purpose. If, on the other hand, the new space was to be nicely turfed it would be very pleasant for the men to walk upon, or even to sit down upon should the weather permit. The Park, in fact, would become a park in very truth, and a little disciplinary barbed wire carefully arranged on the dividing railings would be sufficient to remind the absent-minded that it was but an earthly paradise after all. Of course, if it is the intention of the authorities to grow more orchids our suggestion is impossible, but if not, is the other scheme feasible?

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Reduction en Masse.

CLINICAL LECTURE BY Mr. SYMONDS.

*(Continued).*

Reduction of a hernia still strangulated, or as it is termed reduction en masse, is no doubt a rare accident. The greater reason why we should be on the alert. The accident is overlooked, on account of the absence of general symptoms, following the first sharp vomiting of early strangulation. The patient has all the signs of strangulated hernia to start with, the sudden descent of the rupture, early and sudden vomiting. In all strangulated herniæ there follows after the initial vomiting a period of repose. The stomach has been emptied, and before intestinal vomiting occurs, an interval of some hours may elapse, during which there are no general symptoms. The rupture being down and obvious, however, operation is at once recommended. But when the hernia has disappeared, either by the efforts of the patient or the surgeon, and the man moreover expresses himself as free from pain, and quite comfortable, it will be seen that it is easy to overlook the existence of a hernia still strangulated. The importance of this period of repose has escaped attention of late years. It is seen in all acute abdominal conditions and is the best time for operation. I thought I had been the first to direct attention to the importance of this interval, but on looking over Mr. Birkett's article on Hernia in Holmes's *System of Surgery*, for the purposes of this lecture, I find he refers to it. Mr. Birkett was senior surgeon in my student days and you will like to hear what he says, speaking of the danger of taxis:—"After carefully watching cases of strangulated hernia, we believe we have correctly noticed, that there is a short interval of repose, which continues until regurgitation takes place from the small intestines. This occurs when the stomach is empty, as the result of vomiting two or three times." That is to say, he recognised after the initial vomiting a period of repose, before the regurgitation from the small intestines begins. He speaks of the importance of seizing this particular moment to employ taxis. It is this period of repose which causes one to overlook these very dangerous cases where the hernia has disappeared.

The local signs of reduction en masse of any value are three; if you have reduced it yourself the characteristic gurgle of an emptying bowel will not have been noticed. This should make you dissatisfied.

On passing the finger along the canal, possible when the hernia is large, you may feel a resistance at the internal ring, and even a rounded fulness, in the later stages.

In the position of the internal ring and external to it, then, will be a fulness and resistence and some tenderness. This sign will always be present when the strangulated bowel swells and fluid distends the sac, *i.e.*, in the advanced stages. A careful examination will as a rule reveal this condition in the early stages.

These three conditions are the only ones I have myself relied upon, and therefore press them on your notice.

You will read that the ring is larger, the canal abnormally empty, the finger passing easily along to the internal ring. This is explained as being due to the reduction of the sac. All this I believe to be pure imagination, handed down through Mr. Luke from the French sources.

I have in the earlier part of this lecture tried to show that the sac cannot be reduced or stripped out of the scrotum.

It is said that the canal is empty, and the ring is large, because it is assumed that the whole of the sac has been reduced. If you could strip out the whole of the peritoneal lining—and it is very big sometimes—naturally the canal would be empty and the ring would be large; but those who have felt that, and thought of reduction en masse, have simply felt a sac that was thin and a ring which was large, but it was not large because of the absence of the sac. That is always written down as a sign of reduction en masse. The converse leads to error. It is found that the sac is thick, that the canal is narrow, that the external abdominal ring is small, and the conclusion is that a reduction en masse cannot exist. I have no belief in those old and long-established signs of

reduction en masse. Mr. Birkett did not attach too much importance to them.

The general sign is vomiting. Unfortunately, as I have said, we see these cases in the period of repose, when this guiding symptom is absent. The treatment is as a rule directed to prevent vomiting. The patient is kept in bed and watched, the diet is meagre. Sickness recurs in twenty-four hours, or may be longer delayed, even to three days, if nothing but fluids be taken. Then it returns with severity, the material is brown, and the case becomes as a rule hopeless.

If the man comes in with vomiting and a history, no one would hesitate, the diagnosis is easy and operation would be performed at once.

Let me give you an instance of how one goes wrong in this particular subject. A man, aged 33, was admitted to Job ward on the 30th March, 1903. The house-surgeon on my arrival reported that he had admitted a man with strangulated hernia, that he had reduced it, and the man was quite comfortable. I went to the man's bedside, I saw he was fairly comfortable, but I did not quite like the look of him, and reduction en masse occurred to me. Had I been a little more alert I hope I should have detected it; but he had had his vomiting which had entirely stopped, and although he was comfortable in bed I was alive enough to the condition to say that I did not like the look of him altogether. I directed that my assistant surgeon should see him that evening. Unfortunately the house-surgeons changed that night, and some confusion arose. The man was reported to be doing so well, that the attention of the surgeon was not called to him. When I saw him next the vomiting had recurred. I operated, and resected the intestine, but the bowel had already become gangrenous, and he died. We miss the condition because there is no vomiting, and because we see the patient during this falacious period of repose. I therefore suggest the following plan as the best way of treating these cases. In the first place, we must not put on any bandage or truss; in the second place, if the hernia has really been reduced there is no reason why the man may not get up and walk about, and that I think is the best treatment, not to put him in bed and keep him quiet. Next give him a hearty meal, as much as he can eat. If the hernia be reduced, he will digest the meal; if not, he will reject it. That is a plan I have adopted on many occasions, when I have been told there is no vomiting. This man was put in bed; he had a bandage put on; he was given very little food indeed, and he gradually got into a hopeless condition. If all the means of operation are not at hand, or you do not think operation is necessary, I do not think one ought to leave the man to himself. We ought to take some vigorous measure which will determine early vomiting. If it comes on at all, let us have it within an hour or two; do not let us postpone the vomiting for twenty-four hours, otherwise the only chance of saving the man's life may be gone.

The next point is, never be content with the man's history that he has reduced his own hernia. He cannot always distinguish between gurgle and no gurgle. I am sure we ought never to trust a man's statement that he has reduced it, and we must never trust ourselves unless we positively have felt the gurgle on reduction. If those two points are kept quite clear I think we shall not miss the cases that do come in, because otherwise a terrible disaster may happen. The next point is that in any case we must explore the situation if there is the slightest uncertainty.

With regard to operation upon these cases, they present considerable difficulties, especially the second variety. Some of the descriptions rather tend to small openings. At the present day we must open them quite widely, dividing the external oblique and the internal oblique if necessary; then open the peritoneal cavity above the sac widely, so as to get a free view of the whole situation, and come down upon the sac from the inside.

You will expect some directions regarding taxis as a means of treatment. In all forms of hernia, reduction without delay must be the rule, seeing that the operation carries practically no risk. As to taxis much must depend upon the form of hernia, and the duration of strangulation. If seen immediately after descent, reduction can sometimes be effected by taxis, especially in inguinal hernia. It is justifiable in all varieties at this period. It may also succeed

after the first vomiting has emptied the stomach, *i.e.*, in the period of repose to which I have referred. You will find Mr. Birkett advocates this period as the best for taxis. At the present day we must not wait for the arrival of this period. When seen after the vomiting has recurred, then taxis should not be employed, though it will sometimes succeed, especially in inguinal hernia: this stage indicates further swelling of the intestine, and in a femoral hernia the bowel may be too much injured to return. When a femoral hernia has been down two or three hours it will rarely go back with taxis. The constriction is very tight, and the pressure severe. I have seen the gut quite black in six hours.

When the symptoms are mild, as in old inguinal hernia with a wide ring, reduction can often be effected, and in these cases a fair amount of taxis is justifiable. It is in these apparently mild cases, however, that we often go wrong. When the symptoms are mild, the case is spoken of as an "incarcerated" hernia, and left with an ice bag.

There is no essential difference between incarceration and strangulation. The main point is, that the hernia is irreducible, and it is our duty to put it back as soon as possible. The difference is one of degree only, the more lightly the bowel is grasped by the ring, the more likely it is to be reduced by taxis. Then the hot bath has surely gone out of fashion, though with a rare affection, it is still taught by some as useful. But, except when operation is impossible, this adjunct to taxis, as well as the prolonged use of an ice bag must be abandoned. Chloroform is the only reliable aid we possess, and you will find Mr. Birkett, in the article I have referred to, written twenty-five years ago, had abandoned the bath and the ice bag. I do not want you to omit the ice bag, its proper place is between your first seeing the case and the operation. That is, while arrangements are being made. Then a dose of opium and the ice bag are both valuable and may produce reduction. So that when we arrive with everything ready, the handling of the rupture may reduce it. All the better for the patient, but it would be wrong to allow one such instance to guide future action. I have seen a hernia go back while the man was driving to the hospital in a cab, and more than once while being carried to the theatre on the stretcher.

Chloroform is our chief aid to taxis. A great many inguinal herniæ reduce on the operating table. Taxis is always justifiable in inguinal herniæ just before operation, and in recent descent we may nearly always count upon reduction. Many a time in the small hours of the morning have I stood beside such a case, everything ready for operation, the house-surgeon inwardly hoping the hernia would not go back, these hopes rising as the dresser failed, and further when he failed in his turn to effect reduction, gone when the third hand succeeded. It is when full anæthesia has lasted some minutes that reduction takes place, *i.e.*, when all muscular strain has gone. Then you will sometimes see the rupture go back without pressure. Ether is by no means so useful. I remember Mr. Durham having failed to reduce an inguinal hernia, and passing to wash his hands, ask that old veteran Mr. Cock (Teddy), then near eighty—but a frequent visitor—if he would like to handle the rupture. Looking from under those gold spectacles, the old hands gathered round the hernia and I saw it disappear. Cock passed Durham to wash his own hands, and the latter, lathering those long supple shapely hands, always instinct with life, received Cock's nod of approval, and one heard the stuttered remark "O, yes, a v-v-very n-n-nice case." Durham called for the knife, said a few words, laid his hand on the skin, and then, finding the rupture had gone, looked across at Cock. The old man, taking his pinch of snuff, waved his well-known bandana and mightily enjoyed his joke. It was not a question of dexterity but the five minutes extra relaxation, that gave the octogenarian his chance.

There are many other points about taxis, such as its inadmissibility when symptoms are severe, or the hernia bas been long strangulated. The bowel may be perforated and fatal results attend reduction. Two years ago a femoral hernia reduced on the fifth day was admitted in a hopeless condition. Always act promptly in

femoral hernia, the danger is more than double that of the average inguinal hernia.

In conclusion, gentlemen, my main object is to impress upon you the occurrence of a period of repose after the first attack of vomiting, expressive of the shock to the peritoneum. That this may last one to three days, depending upon the tightness of the strangulation. Again, that it is in this period, where there is no external swelling, that reduction of a still strangulated hernia—reduction en masse—is overlooked. We are in the same position, as before an internal hernia. We must explore whenever in doubt, if we delay then I would say, adopt the line of treatment advocated above, operating on the recurrence of any one symptom.

### Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Clinical Surgery, by Sir Alfred Fripp, on Fridays, May 26th and June 2nd.

Clinical Medicine, by Dr. Shaw, on Wednesdays, May 24th and 31st.

Clinical lecture by Mr. G. Sichel on Monday, May 22nd.

Clinical lecture by Mr. Targett on Monday, May 29th.

## Scarlatiniform Eruption following Carbolic Acid Poisoning.

On March 13th, Alfred S., æt. 17, was admitted to John ward an hour after he had swallowed about five drachms of commercial carbolic acid—such as is used for household purposes. He was not collapsed, and violently resisted efforts to pass the stomach tube, though there was but little excoriation of mouth or pharynx, his tongue alone being slightly red and swollen. Vomiting, however, soon occurred, and two ounces of white mixture was the extent of the treatment he received. Carboluria soon became marked and on the same evening his skin was noticed to be very red, while on March 14th a distinct scarlatiniform eruption appeared, consisting of a punctate erythema—the points being everywhere discrete except over the inner part of his knees and thighs, where they had run together into a very bright blush. Uniformly distributed over the trunk, but more thickly on the abdomen and buttocks than on the chest and back; it was absent from neck and face but extended on to the limbs, and was especially vivid on the inner parts of thighs as already mentioned, the spots gradually fading and becoming less distinct below the knees and elbows. To all appearances the rash was exactly like that of scarlet fever, but there was no pyrexia and neither circumoral pallor nor flushed cheeks: the tongue was not furred nor was the throat sore nor his glands tender. There was no albuminuria, and the patient felt perfectly well, wishing to get up. The next day the rash was less vivid, and he was discharged on March 17th, showing no signs of the eruption.

Presumably this rash was caused by the carbolic acid which he had swallowed, or at all events by some impurity therein, as its appearance immediately after was so striking. No enemata or drugs other than the white mixture were administered whilst he was in hospital, and he denied having previously taken any medicines, nor was there anything to make one suspect that copaiba had been administered.

He had never suffered from scarlet fever, but the absence of all symptoms of that disease seems to exclude it from the diagnosis. As bearing on one theory of drug eruption it is interesting to notice that carboluria was present, so that the kidneys were excreting the poison.

I can find no record of a similar case in any of the text-books on Skin Diseases or Forensic Medicine and am indebted to Sir Cooper Perry for permission to record these notes on one of his cases.

F. W. M. P.

## Change of Address.

Dr. J. Duncan Howe, from 1, Burrow Road, Preston, to 10, East View, Deepdale Road, Preston, Lancs.

Mr. Frank R. E. Palmer, L.D.S. Eng., from 243 to 241, High Road, Lee, S.E.

Mr. Frank J. Pearce, L.D.S. Eng., from 59 to 37, Queen Anne Street, Cavendish Square, W.

Dr. W. F. Clarke, from Woodend, Beech Avenue, Balmy Beach, Toronto, to 2282, East Queen Street, Toronto, Canada.

ERRATUM.

Dr. T. G. Stevens' change of address is from 8, St. Thomas's Street, S.E., to 8, Weymouth Street, Portland Place, W., and not as stated in our last issue.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Papers by Guy's Men.

A Lecture on a Case of Concealed Menstruation, with Remarks on Treatment. By Peter Horrocks, M.D. Lond., F.R.C.P. Lond.—*The Lancet*, May 13th, 1905.

Recovery from Morphine Poisoning after Subcutaneous Injections of Atropine. By A. Sheen, M.D.—*British Medical Journal*, 13th May, 1905.

## Case for Diagnosis.

PATIENT was a young woman aged 21. She had enjoyed good health except for occasional attacks of indigestion, and an illness which lasted some weeks characterised by abdominal pain, said to have been "hysteria," a few years ago. Family history unimportant, except for the fact that one sister had suffered from epilepsy.

On April 20th, patient "went to business" as usual, but in the evening had a slight headache. After supper she ate a small piece of uncooked fish "for a joke." She had a rather restless night, and at 4 a.m., on April 21st, she awoke with severe abdominal pain. She vomited a sour, brownish, watery fluid once or twice during the morning, and the abdomen was noticed to be abnormally swollen. She was first seen by me about 1.30 p.m. She was lying curled up in bed on the right side; the pain was more or less paroxysmal and felt all over the abdomen, but especially around and above the umbilicus. There was marked distension, rather more on the right side than on the left; the abdomen moved slightly on respiration. There was much cutaneous hyperæsthesia; the resonance was equal all over, but the note was nowhere tympanitic. The muscles were not board-like; deep palpation was impossible owing to the pain and distension. Tongue moist, very slightly coated. Face pale and rather drawn, but not markedly "abdominal." The bowels had not acted for twenty-four hours. Pulse regular and full, 110 to the minute, temperature 100° F. A soap and oil enema and a "placebo" mixture ordered. In the evening she improved. The enema had brought away some scybala, and the pain was much less. The abdomen was still distended. Pulse 100, temperature 101° F.

April 22nd. Pain recurred at 4 a.m., but was not so severe. At 10 a.m., pulse 100, temperature 100° F. The abdomen was less distended, and though no definite lump could be felt, there was rather more resistance over the right iliac fossa, where also there was more marked tenderness and a slightly duller note, though resonance was not excessive anywhere. In the evening, pulse 100, temperature 101° F. Pain recurred, but not so severely. Bowels had been opened by enema once. Motion was loose, but otherwise normal.

April 23rd. Pulse 100, temperature 101° F. Patient felt and looked much better. A normal period began in the morning. Abdominal condition about the same. In the evening the pain recurred with considerable severity and there was much eructation of gas, but no vomiting. Bowels had acted twice during the day. Pain and tenderness were more marked on the right side and in the epigastrium. The tongue was moist, the face did not look pinched. The pulse was full and regular at 100, temperature 101° F. There was distinctly more resonance over the upper part of the abdomen above the umbilicus. A mixture containing mx. of Tinct. Opii was ordered 3tis horis of which three doses were given. This and turpentine stupes relieved the pain.

April 24th. Patient felt and looked much better. She could move easily in bed and the pain was practically gone. Temperature 102°, pulse 100. The condition of the abdomen was similar to that of the previous morning. About 5 p.m. the pain recurred with greater severity and vomiting began immediately after food and medicine. The vomit was sour-smelling and watery, not fœcal. The bowels did not act during the day. When seen about 9 p.m. the face was markedly drawn and pale, the tongue moist, the temperature subnormal and the pulse full and regular at 98. The abdomen generally was less distended and the swelling in the right iliac fossa was much more distinct and could be traced to about the middle line; an indistinct thrill could be felt across it. The percussion note was about the same as before. The pain was most marked now in the back and over the lower ribs behind and was paroxysmal in character. The hyperæsthesia was most marked in the epigastrium. There were no physical signs in the chest or back. Patient lay on her back, with the legs somewhat drawn up, and could not move without increasing the pain. She was sent into hospital and laparotomy performed. J. M. F.-B.

*For Solution see p. 224.*

## Case of Extensive Fracture of Lower Jaw—Recovery.

A MAN, aged 36, was admitted into Astley Cooper on the 26th December, 1904, with history of a blow or blows on jaw the night before. The mandible was found to be fractured in four places, behind the second molar and between lateral incisor and canines on both sides.

Mr. Pilbeam, the dental house-surgeon, made a cast, and fitted an excellent Gumming's splint. Owing largely to his patient and persistent "mouth-bathing," the man made a good recovery—the splint was removed in seven weeks, and a fortnight later there was perfect movement in the jaw.

## Junior Guyite Club.

Members present at twenty-fifth Dinner held at Restaurant Frascati on May 4th:—

President:—T. D. Lister. Vice-President:—J. A. P. Price (Reading). Present:—J. C. Bates, E. C. Beale, H. Blatherwick, T. Brown, J. Fawcett, Sir A. D. Fripp, F. R. Humphreys, W. A. Lane, W. H. C. Newnham (Bristol), M. Parry Jones (Derby), G. Steele-Perkins, A. E. Price, P. N. Randall, R. M. H. Randell, G. Rodman, Chas. Sangster, J. F. J. Sykes, W. J. Tyson (Folkestone), J. C. Uhthoff (Brighton), W. Hale-White, E. R. Mansell (Hastings), and Jas. A. Fraser, Hon. Secretary.

Also accepted but prevented from being present.—G. N. Pitt, J. B. Howell, P. Warner, A. S. Taylor.

The next Dinner of this Club will be held on the first Thursday in May, 1906, when the President will be J. A. P. Price, of Reading; and the Vice-President W. H. C. Newnham, of Bristol.

## The Goblins' Club.

The Annual Goblins' Dinner (Guy's men 1891–2) was held at the Café Royal, on Thursday, May 4th, Mr. C. R. Nicholson, R.N., in the chair. Of 70 members, 22 were present, including the following:—F. J. Lidderdale, P. F. Henry (Hon. Sec.), V. E. Collins, H. T. Hicks, W. J. Lindsay, M. H. Way, E. D. Hancock, C. P. Weekes, C. F. Wakefield, R. P. Rowlands, F. E. Fremantle, H. E. Izard, T. B. Poole, G. B. Pearson, Capt. F. H. Hardy, R.A.M.C., F. J. Nicholls, A. J. Cleveland, E. F. Clowes.

The toasts of the King, the Goblins' Club, the Hospital, the President, and the Secretary, were drunk with enthusiasm, and more or less musical honours. There was some other music. Speeches were commendably brief and for the most part to the point. Capt. Hardy still throws corks.

There was also serious business. Mr. Henry re-elected Secretary without opposition. Mr. W. I. Hancock will be President and Mr. M. H. Way Vice-President at next year's dinner on Thursday, May 3rd. Future dinners will always be held on the first Thursday in May. It was proposed by Mr. Clowes That the other Guy's dining clubs, senior and junior to the Goblins, be asked to arrange with the Goblins to dine in future years on the same date and in the same establishment. The direct negative was moved by Messrs. Collins and Way. The proposal was negatived, to be revived, no doubt, at some future date, when some step in the same direction shall have been taken by the other clubs in question. A collection towards the Million Shilling Fund of the Hospital realised £1 15s.

A most useful evening came to a preliminary termination at 11 p.m. Few gatherings in this world can beat that of these old hospital dining clubs for cosmopolitan interest. South, Central, and West Africa, India, Colorado, Manchuria, and the Dogger Bank, Osborne, Portsmouth, and the R.A.M. College, M.A.B., private practice, and the Staff in all three departments were all passed in review from personal experience. It is hoped that all Goblins will in future make every sacrifice to back up the efforts of their honorary secretary.

## Nursing News.

Matron's Office.

Many of our readers will regret to hear that Miss M. Edgecumbe, who has been Sister of the Eye wards since 1892, has been obliged to give up her work in the hospital owing to ill health. Miss Edgecumbe entered the hospital as a lady pupil in 1889, and has been in charge of the Eye wards for thirteen years, where she has devoted herself to the welfare of her patients by whom she was much esteemed. Miss B. H. Daniels, who has been acting as Sister of the Isolation wards since January, 1905, has been appointed Sister of the Eye wards. Miss Daniels completed her training in 1901, and has since been on the Private Nursing Staff.

Nurse A. Mullett left the hospital on May 1st. Nurse A. Mullett entered the hospital as a Probationer in 1893, and has been Staff Nurse in the Eye wards since 1896. Probationer Archbold has been appointed to succeed her as Head Nurse in the Eye wards.

On May 4th, Nurse Bois, Head Nurse in Dorcas ward, left the hospital on completion of her three years' training, and took up her duties on the Private Nursing Staff. Probationer M. L. Hughes has been appointed to succeed her as Head Nurse in Dorcas ward.

On May 4th, Probationer Auld was appointed Head Nurse in Patience ward.

On May 8th, Nurse Slack, Head Nurse in Cornelius, left the hospital on completion of her three years' training, and will be shortly taking up her duties on the Staff of the Q.V.J.I. for Nurses. Probationer Stones has been appointed to succeed her as Head Nurse in Cornelius ward.

On May 8th, Nurse Jackson, Head Nurse in Queen, left the hospital on completion of her three years' training to take up her duties on the Private Nursing Staff. Probationer Gregory has been appointed to succeed her as Head Nurse in Queen ward.

Miss M. Atkey, who completed her training in 1904, returned to the hospital on May 10th as Probationary Sister.

## Dental News.

Another final examination for the Licence in Dental Surgery of the Royal College of Surgeons has come and gone, and Guy's Dental School has reason to be proud of the result. Of the thirty-four candidates entered from this hospital, eighteen have qualified for the Diploma and ten have passed in Part I. We offer hearty congratulations to those who have now qualified and best wishes for success in their future career. The Travelling Scholarship of £100, which is awarded biennially, is to be awarded next month; applications should shortly be forwarded to the Dental Council, and with interest will be awaited the name of the fortunate recipient of this splendid means of enabling one to study dentistry as practised by those across the seas. The £20 Entrance Scholarship in Dental Mechanics has been awarded to Mr. W. F. Boxall.

The annual general meeting of the Dental Society has been postponed owing to the indisposition of the honorary secretary, who is, however, well on the way to recovery. On his return, which is expected to be in about a week, the date of the meeting will be announced.

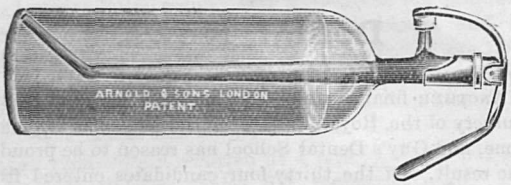
Quite an unusual number of cases of fracture of the jaws has come under the treatment of the dental depart-

ment during the present year involving the construction of most of the kinds of splints known, with the exception, perhaps of the Hammond, for the use of which it is necessary that a good number of sound teeth be in situ on either side of the fracture, a condition which unfortunately appears to be rather the exception than the rule in the patients who present themselves for treatment. Students seem to be rather diffident about inspecting these cases, and we should like to explain that the Dental House-Surgeons will be only too pleased to allow examination and also to explain the cases to any men who show themselves desirous of inspecting the cases which come up for treatment in the Conservation room.

IN mixing amalgam a useful tip is to place the proportionate amounts of filings and mercury in an ordinary rubber finger-stall, and closing the open end with the finger and thumb, give the whole one vigorous rub in the palm of the hand, this causes the mercury to at once combine with the filings, and being transferred to the mortar, very little work with the pestle suffices to convert the whole into an homogeneous mass, thus saving considerable time often expended in chasing individual globules of mercury round with the pestle.

## Specialities.

### New Ethyl Chloride Syphon.




Messrs. Arnold & Sons, of West Smithfield, London, have been appointed sole agents for the new Ethyl Chloride introduced by Dr. Thilo, of Mainz. Its purity is guaranteed by Dr. Bein, the Government Analyst of Berlin, and owing to its purity it can be used for either local or total anæsthesia. There are no unpleasant after effects from its use. It is supplied in 50 gramme tubes with screw top, and also in patent syphon bottle as illustrated, which possesses many advantages over those in use at the present time. The bottle is constructed on the syphon system, and in consequence gives a spray without having to be held on the slant, as with the ordinary; the pressure upon the lever takes place on the side nearest to the operator, the hand remaining in an easy and natural position when handling the bottle. The bottle, when hastily laid on the table, as often has to be done during operations, cannot roll off and get broken, as the larger curve prevents this. This is a great advantage, which, although not often perceived at first, will be greatly appreciated in practice. The bottles can be refilled.

# THE HOSPITAL APPEAL.

### Fourth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 45,277 | 5 | 0 |
| The Worshipful Company of Drapers ... | 5 | 0 | 0 |
| The Worshipful Company of Leathersellers | 262 | 10 | 0 |
| The Sun Insurance Office ... ... ... | 210 | 0 | 0 |
| South Eastern & Chatham Railway Companies Managing Committee ... ... | 105 | 0 | 0 |
| Anonymous ... ... ... ... ... | 50 | 0 | 0 |
| F. A. White, Esq., J.P. ... ... ... | 25 | 0 | 0 |
| Cecil H. Oliverson, Esq. ... ... ... | 25 | 0 | 0 |
| Further Amounts under £25 (including Contributions to Million Shilling Fund up to the 17th inst.) ... ... ... | 512 | 10 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £46,967 | 5 | 6 |

## From the Gazette's Special Pathologist.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICE.

G. M. J., ALTON.—This specimen of sputum contains a small number of tubercle bacilli.

W. L. W. M., HUDDERSFIELD.—This specimen shows no sign of malignancy. It is no doubt from a very hard cervix, because there is great increase of fibrous tissue throughout, and the vessel walls are thickened. This change has probably occurred as a result of chronic congestion.

J. S., HARLESDEN.—This tumour has the structure of a fibrous epulis. The surface is partly covered with mucous membrane and partly ulcerated, and the subjacent structures are inflamed. We find no indications of malignancy.

W. L. W. M., HUDDERSFIELD.—No parasitic fungus can be found in the small hairs or in the scales. Can you send us another specimen unmounted, so that we may stain it by Gram's method?

PATHOLOGIST.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Fourth List of Collections.

(Received up to Wednesday, May 17th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 31,460½ |
| Adams, E. H.—Mrs. Drearden, 5; Mrs. Keith, 5; M.A., 20 ... ... ... ... ... ... | 30 |
| Alcock, A. (2s.)—Mrs. Graham ... ... ... | 5 |
| Allison, G. F. (15s.)—Mrs. Lockhart ... ... | 10 |
| Anonymous (1s.)—Anon., 1; Anon., 1 ... ... | 2 |
| Archbold, Miss C. (47s.)—Anon. ... ... ... | 7½ |
| Ash & Co., Messrs. (200s.)—W. S. Hodgkinson & Co., 10; Messrs. A. Cowan & Sons, 21; Messrs. Slater & Palmer, 21 ... ... ... ... | 52 |
| Barker, Miss—Miss Fenton... ... ... ... | 1 |
| Barker, F. A. (41s.)—Mrs. T. Bent ... ... | 5 |
| Barlow, Miss—Anon. ... ... ... ... | 1 |
| Beck, Miss—A Friend, 5; Misses A. and J. Grieves, 3½ ... ... ... ... ... ... ... | 8½ |
| Beckwith, F. H. (61s.)—Frank Speaight ... ... | 5 |
| Belcher, Miss (2½s.)—Miss Kennedy ... ... | 5 |
| Bellis, Miss—Mrs. Brand ... ... ... ... | 10 |
| Bigg, Dr. Edward (21s.)—Miss Goff, 1; Miss Bigg, 2; Capt. Heine, 1 ... ... ... ... | 4 |
| Bisshopp, Dr. F. R. B. (213s.)—Misses K. Richardson and E. Jenner, 9; A Grateful Patient, 63 ... | 72 |
| Blake, Dr. H. E. ... ... ... ... ... | 21 |
| Blanche, Sister (44s.)—Mrs. Guy, 1; Mrs. Hainet, 1; Granny Chatfield, 1½; Mrs. F. Dawes, 20; C. D. Harrod, 21; Mrs. F. R. Ball, 2; Mrs. L. C. Johnstone, 21; Miss J. Crossley, 10; Mrs. Bell, 10; Misses Trevor, 2; Mrs. E. Crossley, 20 ... | 109½ |
| Blott, Miss (7s.)—Miss Norton ... ... ... | 1 |
| Bright, Sister (329s.)—Sir Macworth, Lady Macworth, and Gerard Young, 10; Mr. and Mrs. Whitfield, 10; Mr. and Mrs. Marshall, 21; Mr. and Mrs. Bennington, 12; Mr. and Mrs. Archbold, 5; Misses Lee, 3; Miss Ledger, 5; Mr. and Mrs. Leney, 40; Mrs. Richardson, 2; Mr. and Mrs. Fletcher, 2; Miss Swaffield, 5; Mrs. Dunsmore, 10; Miss Vivian, 1; Mrs. Ricketts, 3; Collected by Mrs. Carr, 91; Mr. McGregor, 10; Mr. and Mrs. A. Muir, 10; Mrs. Redford, 5; Mr. Trinder, 5; Mrs. Ramsey, 10; Miss C. Hill, 5; Mr. Stanley Payne, 5; Capt. Graham, R.N., 5... | 272 |
| Broome, Miss F. (115s.)—Miss Buxton ... ... | 1 |
| Brown, Miss A. (16s.)—Miss R. McLeod ... ... | 14 |
| Browne, Miss Seaman—Mrs. Audsley ... ... | 7 |
| Brown, Mrs.—W. K. Brown, 1; Miss Wilson, 1; Mrs. F. David, 1; Mr. and Mrs. Neale, 2; Mrs. Chellew, 1; Miss Webb, 1... ... ... ... | 7 |
| Carried forward ... | 32111 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 32111 |
| Buckell, C. A. (58s.)—A. Scott, 5; A. Holden, 13; Collected by C. A. B., 7; Dr. Bayton Forge, 5; Mrs. Blaker, 10 ... ... ... ... ... | 40 |
| Burgess, Dr. J. G.—Rev. A. Dawson, 1; F. Rudell, 1; G. Stokes, 1; Mr. and Mrs. T. W. Dalton, 2; Mrs. Burgess, 1 ... ... ... | 6 |
| Burney, W. H. S.—Collection ... ... ... | 21 |
| Cadell, Miss (20½s.)—Anon., 3; Anon., 5 ... ... | 8 |
| Caldwell, Mrs.—G. R. M. Caldwell, 1; Mrs. J. E. Caldwell, 1; Rev. W. H. Caldwell, 1 ... ... | 3 |
| Calhaen, Miss—F. A. L. ... ... ... ... | 1 |
| Chapman, Miss C.—Miss L. Chapman ... ... | 3 |
| Child, Stanley (40½s.)—Fred Braby, 42; Alwyn Child, 25 ... ... ... ... ... ... | 67 |
| Clark, A. A. (7s.)—Mrs. Vallint ... ... ... | 2 |
| Cockin, Miss (4½s.)—L. W. B. ... ... ... | 7 |
| Cohen, Dr. Edward—Mrs. Jacks ... ... ... | 21 |
| Collins, Dr. H. Abdy ... ... ... ... ... | 11 |
| Cook, Miss M. E.—Miss E. Smith, 2; R. N., 1; Miss M. Smith, 1; Violet, 1; Mrs. Cook, 5; Joseph Castle, 5; M. E. Cook, 5 ... ... ... | 20 |
| Cooper, J. S.—Miss McCall ... ... ... ... | 5 |
| Cooper, Albert—Anon. ... ... ... ... | 5 |
| Copland, Dr. J. B.—Mrs. Copland and family ... | 45 |
| Crew, Mrs. ... ... ... ... ... ... | 21 |
| Dalton, Miss—C. F. Thomson ... ... ... | 2 |
| Daniells, Miss—Friends ... ... ... ... | 11 |
| Davies, Miss E. M.—Daske ... ... ... ... | 5 |
| Daw, S. W.—Mr., Mrs. and Miss Stanbury ... | 3 |
| Dean, Miss (1s.)—Miss Flint... ... ... ... | 2 |
| Desprey, Dr. H. S.—B. L. Cohen, M.P., J.P. ... | 105 |
| Dobson, Dr. T. H. B. (445s.)—W. G. Grover ... | 100 |
| Dod, Mrs. (2½s.)—Mrs. Yard, 3; Mrs. H. L. Lawrence, 3 ... ... ... ... ... ... | 6 |
| Donald, J. A. (5s.)—Jacob Brice ... ... ... | 6 |
| Dorcas, Sister (126½s.)—Miss Stroudley, 10; S. S., 1; Mrs. L. Wilkins, 5; E. Pickford, 2; Mrs. Priddy, 5 ... ... ... ... ... ... | 23 |
| Duke, Dr. Frederick (41s.)—T. R. Watts ... ... | 10 |
| Edridge, Ray—Anon., 10; Walter Thompson, 4... | 14 |
| Ellis, Miss S.—W. Gregson, 20; Misses Thornton, 5; N. Clayden, 40; Mrs. Basserman, 10½; A Friend, 20; W. Ransom and Miss Ransom, 10; Miss Lily Ellis, 1 ... ... ... ... ... ... | 106½ |
| Evans, Mrs. (12s.)—R. W. and Mrs. Formby, 10; collection by Mrs Evans, 81 ... ... ... | 91 |
| Evans, Dr. H. L.—Collections by Miss Inglis, 15; Mrs. Claude Marks, 21 ... ... ... ... | 36 |
| Evelyn, Sister (56s.)—Anon.... ... ... ... | 5 |
| Evershed, Mrs. Arthur—Mrs. Johnstone, 2; Mrs. E. M. Baker, 1; Mrs. Evershed, 2 ... ... | 5 |
| Fault, Miss (18½s.)—Miss E. Thompson ... ... | 1 |
| Finnemore, Miss K. E. (334s.)—Miss E. King ... | 10 |
| Flower, N. (15s.)—J. B. Paynter, 5; Rev. C. Robins, 3; Mrs. A. Clayton, 10; Miss Goodford and friends, 10 ... ... ... ... ... | 28 |
| Foord, Mrs. Herbert (1s.)—Anon., 2½; Anon., 2½ | 5 |
| Foster, T. Scott.—Mrs. Hann, 1; Dr. Hann, 2; T. S. F., 5; Mrs. Scott Foster, 10; Miss N. S. Foster, 1; Gipsy Scott Foster, 1 ... ... ... | 20 |
| French, Mrs. Herbert (20s.)—Mrs. Singer, 10; Mrs. Savage, 3; Rev. W. H. and Mrs. Poulton, 5 | 18 |
| Gaffney, E. J.—Mrs. Cave ... ... ... ... | 5 |
| Galabin, Mrs.—Mrs. Broad Bissell, 5; G. K. Mills, 5 ... ... ... ... ... ... | 10 |
| Carried forward ... | 33024½ |

| Name. | Shillings. |
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| Brought forward | ...330241/2 |
| Genge, H. T. O'Brien—A. H. Duke, 1; E. A. Wheeler, 2½; R. P. Scott, 1 ... ... ... | 41/2 |
| Gertrude, Sister (23s.)—Mrs. Thorpe ... ... | 60 |
| Gibbins, Mrs.—Mrs. Gibbins and friends ... ... | 15 |
| Golding-Bird, Mrs. (18s.)—L. Warwick and A. Wring, 26; Mrs. Jackson, 25; T. H., 67; Miss Carrington, 11; G. S., 31; Mrs. Berger, 7; Miss K. Smithers, 10; Mrs. Smith-Moster, 10; E. T. W., 40; A. E. Lawrence, 22; E. L., 23½; Mrs. Roberts, 5; Mrs. J. Roberts, 70; E. Mahoney, 17; H. B., 5; R. B., 3; Miss B. Potter, 2½; Balance of collection, 48 ... ... | 423 |
| Guy's Hospital Nurses' Photographic Society ... | 25 |
| Hall, Miss J. (35s.)—Miss D. Whitaker ... ... | 12 |
| Hammond-Smith, A. (4s.)—C. Sydney Smith ... | 55 |
| Hanmer, Miss M. (4s.)—Mrs. and Miss Spencer, 3; G. Hind, 21 ... ... ... ... ... ... | 24 |
| Hayward, Miss L. (7s.)—Mrs. Challis, 1; Miss Pinchin, 21 ... ... ... ... ... ... | 22 |
| Hearden, Dr. W. F.—Thomas Wall, 105; Mrs. Harrington Harris, 105; W. F. and L. C. Hearnden, 42; Mrs. Johnson, 21; John Druce, 10; H. Nugent Sharp, 21; W. Berrell, 10; Miss S. Davies, 2½; Mrs. Harvey Roberts, 105; Chantrey Inchbald, 21; J. McNair, 20; Miss Oliver, 20; J. H. Berrell, 5 ... ... ... | 4871/2 |
| Heath, Miss (304s.)—J. M. Halifax... ... ... | 17 |
| Heselden, Mrs. (3s.)—Arthur Jeyes... ... ... | 1 |
| Hester, Miss—Anon. ... ... ... ... ... | 2 |
| Hewetson, Capt. H., R.A.M.C.—Rev. J. Hewetson, 5; Mrs. and Misses Hewetson, 45; Capt. H. Hewetson, 100 ... ... ... ... ... | 150 |
| Hinchliff, Mrs.—Mrs. Legg ... ... ... ... | 3 |
| Hinde, E. B.—Mrs. Hinde ... ... ... ... | 20 |
| Holborn, F. M.—Mrs. Horsman, 1; M. S. Briggs, 1; Friends, 9 .. ... ... ... ... ... | 11 |
| Hole, K. H.—George Nodder, 5; Mrs. W. N. White, 2; C. J. North, 10 ... ... ... | 17 |
| Holman, Dr. H. J.—Anon., 2; A. W., 3 ... ... | 5 |
| Huggett, Miss E. (199½s.)—Mrs. Sprigg, 5; W. Medhurst, 5; Lady Sullivan, 80 ... ... ... | 90 |
| Hughes, E. C. (10s.)—Miss L. Jervis, 2; W. T. Hughes, 10½ ... ... ... ... ... ... | 121/2 |
| Hurlbatt, Miss E.—Leslie Walsh, 1; Miss Wanklyn, 1; Miss Hope, 5; Miss E. Hurlbatt, 1; Mrs. Heygate, 7; Mrs. Goodwyn, 3 ... ... ... | 18 |
| Hyde, Miss—L. Hawkins ... ... ... ... | 5 |
| Janmahomed, H. J. (49s.)—Anon. ... ... ... | 10 |
| Job, Sister (76s.)—Mrs. Wheeler ... ... ... | 1 |
| Joyce, Miss (12s.)—Miss E. M. Farr, 8; L. Joyce, 1 | 9 |
| Joy, Miss M. (5s.)—A. W. Joy . ... ... | 2 |
| Karpeles, Mrs. J. N.—Walter Nash, 20; Savory & Moore, 3; J. Welford, 3; Mr. Henry Lawless, 10; W. Rayner, 5; Eady & Dully, 5; A. Barret & Sons, 5; Trustees of T. Fall (deceased), 5; Tunewell & Co., 5; A. H. Turner & Co., 5; W. & J. Burrow, 5; Miss S. E. Russell, 5; Mrs. Vesey Norman, 5; W. Garland Smith, 5; Miss Mary Goldie, 5; Mr. Sanford, 5; H. J. Betts, 5; John Limebeer, 5; Mr. L. & H. Nathan, 5; R. Jacobs, 5; Miss E. Sandifer, 5; W. T. H., 5; E. A. Serre, 5; F. C. Turner, 1; J. F. Trigg, 1; Miss A. Little, 1; Mr. Kent, 1; Percival, 1; Miss Manville, 1; J. R. Walker, 1; F. E. Drew, 2; Lady Drummond, 6; Alfred H. L. Stacey, 3; | |
| Carried forward | ...34526 |

| Name. | Shillings. |
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| Brought forward | ...34526 |
| Karpeles, Mrs.—continued— F. W. Speaight, 3; Misses Holdsworth and Hunt, 2; Messrs. Slater, 3; Gustav Ellis, 3½; Mr. E. Worraker, ½; James Shoolbred & Co., 10; R. Waygood & Co., 10; Mrs. W. Hollebone, 42; Edward Oerenberg, 20; Ernest, Ltd., 10; Mrs. E. Jacobs, 10; Martin & Co., 20; Louis A. Nathan, 10; Miss A. Angrave, 21, George Davison, 21; J. A. Wild, 20; Athol S. Purdey, 10; Bradley & Sons, 10; Evans & Mason, 10½; Leopold Frank, 20; Harold G. Lancaster, 21; E. N. Meyer, 21; Haines, Potter & Co., 10; Dr. Jaegers' Sanitary Wool Co., 10; A. H. Farrow, 10; C. Vandyk, 10; Miss N. Casey, 10; Benetfink & Co., 10; Albert J. Shingleton, 10; Mrs. Dorothy S. Phillips, 10; London Corset Co., 10; Mr. John Hunt, 20; Francis Slattery, 100; Adolphus Selim, 20; "F. D.," 63; W. & G. Buszard, 5; J. C. Vickery, 10½; M. Cohn, 42; Louis Bendit, 20; A. Franstadt, 10; Frank Cave Eely, 11; Mr. Lewis Schloss, 40; Messrs. Brown & Bool, 10; W. McEwen, 2; Wolf Myers, 10; Miss B. Havter, 5; Mr. Spiking, 2; Rev. M. Barnskin, 4; A. H. T., 3; Mr. Benjamin, 10; Collected by Mrs. Karpeles, 45; D. T. Schloss, 21; B. A. & Co., 10; J. Absalom, 1; Mr. Horace Mocatta, 42; J. N. Karpeles, 21; Messrs. Ricketts & Smith, 10½; E. Medcraft, 2; A. W. Dear, 5; Clarke's Pyramid Fairy Lights Co., 5; Mr. Josephus Joseph, 2; Mrs. Matthews, 2; Mr. W. Martindale, 2; Mr. E. Godfree, 5; M. W., 5; H. Tiffin & Son, 5; Mrs. Wiener, 5; Mrs. Siemonson, 2½; Townly & Co., 2½; Mrs. Rumney, 5; Henry Browne, 5; Miss Bunce, 5; Mr. F. G. Dewar, 2; Mr. T. Politzer, 10; Mr. M. Makower, 5; Mr. Thomas Cook, 10; Miss A. Williamson, 3; Mr. Alfred Richards, 5; Mr. Hermann Cohn, 1; Messrs. Allen & Hanbury, 10; Miss G. Strudwick, 10; Miss J. Henry, 5; Mr. C. Merton, 2; Mr. R. Clark, 10½; Delforce Bros., 10: Miss Karpeles, 4 ... ... ... | 1221 |
| Kate, Sister (31s.)—J. Wilson, 21; Mrs. Gardiner, 11; Collection by Miss S. Pizzey, 20 ... ... | 52 |
| Khalakdina, A. R. (35s.)—L. Bamford ... ... | 5 |
| Kinsey-Morgan, Dr. A., Senr.—Mrs. Simpson ... | 101/2 |
| Kirkland, Mrs.—Miss L. Murdock, 3; Mrs. P. Latham, 1; Miss C. M. Ellis, 2½; Misses Grace and Ethel Webber, 2; Mrs. T. Kirkland, 63; Mrs. C. H. Pickford, 10 ... ... ... ... | 811/2 |
| Knight, R. D.—Miss Anthony ... ... ... | 5 |
| Laidlaw, P. P.—B. E. Playfair, 3; W. Laidlaw, 10 | 13 |
| Lambourne, Miss (9½s.)—M. E. W. T., 1; Miss Roff, 5... ... ... ... ... ... ... | 6 |
| Langley, Miss M.—Miss Mary W. Mitchell ... | 500 |
| Leedham, Miss (42s.)—Mrs. A. Brown ... ... | 1 |
| Lewin, Miss J. K.—Mr. and Miss Slade, 5; Mrs. Howland, 1; Mrs. Powles, 1 ... ... ... | 7 |
| Leycester, Mrs.—Miss M. Leycester ... ... | 15 |
| Liddell, Mrs.—R. M. Walker, 10; G. B. Walker, 1; Miss S. Hall, 1 ... ... ... ... ... | 12 |
| Lobb, E. L. M. (42s.)—Miss Jenkins, 20; Miss Macdonald, 20 ... ... ... ... ... | 40 |
| Lockwood, Dr. J. P.—S. E. G. Bowen ... ... | 1 |
| Lowe, Miss (5s.)—M. B., 2; Miss Gobat, 1; E. M. M. Lowe, 1 ... .. ... ... ... | 4 |
| Carried forward | ...36500 |

| Name. | Shillings. |
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| Brought forward | ...36500 |
| Lower, Dr. N.—C. G. G., 1; Anon., 1 ... ... | 2 |
| Lucas, Mrs. Clement—Miss M. K. Thorold, 20; Mrs. Clement Lucas, 21; Master R. Lucas, 3; Master C. Lucas, 2½; Mrs. Pelly, 20; Miss Pelly, 5; Mrs. Albery, 21; G. R. Shaw, 21; Mrs. James Lucas, 10; Miss May's School, 15; A. H. Mann, 10; Mr. Crossley James and Employés, 11; J. E. Bignell, 5; Mr. Price, 2; Miss Williams and Miss Reilly, 5; Messrs. Curnick & Co., 5; Mr. Crang, 4; Mr. Cutting, 4; Mr. Vincent, 2; Mr. Clark, 1; Miss Morris, 1; Mr. and Mrs. Fuellin, 3½; B. Jones, 4; Aylesbury Dairy Co., 1; per Mrs. Combette, 6... | 203 |
| Luke, Sister—Charles Webber, 20; Mrs. Wild, 15; Alex. Smart, 20 ... ... ... ... ... | 55 |
| Lydia, Sister (85s.)—Collection ... ... ... | 5 |
| Lyon, Mrs. H. (25s.)—Mrs. Tracy, 5; Miss P. Maxwell, 10 ... ... ... ... ... ... | 15 |
| Lyons, Miss (13s.)—Anon. 20; Mrs. Lyons, 10 ... | 30 |
| Macfarlane, Miss (10s.)—William McKay, 5; Rev. H. Whittingstall, 10 ... ... ... ... | 15 |
| Magowan, P. D. T.—Sir H. H. Smiley, Bart. ... | 20 |
| Manchester, Miss - Misses Haymen ... ... | 10 |
| Manning, Miss P. M. (11½s.)—Mrs. Buchanan, 11; Anon. 2½ ... ... ... ... ... ... | 13½ |
| Marler, Miss (165s.)—Miss Werman ... ... | 3 |
| Martin, Miss—Miss Pridden, 1; Miss D. Wesdon, 1; Miss G. G. Martin, 1 ... ... ... ... | 3 |
| Mary, Sister (4s.)—Miss H. Harris ... ... ... | 5 |
| Mawby, Dr. F. W.—George Cox ... ... ... | 5 |
| May, Dr. E. H. ... ... ... ... ... | 11 |
| Michael, Dr. C. E.—Norman Parsons ... ... | 21 |
| Millar, Miss A. (120s.)—Mrs. M. B. Warner, 4; B. Webb, 21... ... ... ... ... ... | 25 |
| Millar, Miss (33½s.)—Messrs. R. & T. Collis ... | 21 |
| Miller, Miss G. (14s.)—Anon. ... ... ... | 5 |
| Miller, Miss E.—Mrs. Pilcher ... ... ... | 10 |
| Mills, Miss (25½s.)—Mrs. S. J. Polkinhorn, 1; Lady Craik, 5 ... ... ... ... ... | 6 |
| Moore, Miss H.—E. de Clermont ... ... ... | 50 |
| Mitford, Norman H. ... ... ... ... ... | 3 |
| Munden, M. M.—H. Munden ... ... ... | 5 |
| Nawn, Miss (2½s.)—Mrs. Pearson ... ... ... | 3 |
| Palmer, A. S. M.—J. E. Costello ... ... ... | 5 |
| Palmer, Miss E. (22s.)—John H. Taylor ... ... | 5 |
| Palmer, Dr. Clement—Collection, 100; Dr. Clement Palmer, 10 .. ... ... ... ... ... | 110 |
| Parkhouse, Mrs. (8s.)—Charles Jeynes ... ... | 5 |
| Paterson, Mrs.—Mrs. Smithell, 1; Mrs. J. J. Paterson, 3; Mrs. Baumann, 1; Mrs. Vrietschel, 1 | 6 |
| Paterson, Miss (18s.)—H. R. Paterson, 1; Mrs. T. Gideon, 1 ... ... ... ... ... ... | 2 |
| Patience, Sister (78s.)—Miss Worthington, 1; Miss Barker, 2; Sydney Pink, 2 ... ... ... | 5 |
| Payne, J. L., L.D.S. (3s.)—Rev. A. W. Evans ... | 20 |
| Pearce, H. G—L. D. and friends ... ... ... | 9 |
| Pearse, Miss L. (11s.)—Mrs. J. G. Fountain ... | 5 |
| Pearson, Dr. G. B.—Mrs. Jones, 5; Dr. G. B. Pearson, 10 ... ... ... ... ... ... | 15 |
| Perry, Miss ... ... ... ... ... ... | 21 |
| Pettit, Miss E.—W. S. Mole... ... ... .. | 10 |
| Pollard, Miss S. F. (11½s.)—Anon. ... ... ... | 2 |
| Poole, Miss A—Miss Brown, 1; Anon., 5; Anon., 42 | 48 |
| Ponder, R. R. B.—Mrs. Thorne, 1; R. Clay, 2; J. R. Ponder, 5; Miss C. Perkins, 1; Anon., 1 | 10 |
| Prall, G. H.—G. H. L. Gratton ... ... ... | 1 |
| Carried forward | ...37323½ |

| Name. | Shillings. |
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| Brought forward | ...37323½ |
| Press, Miss E.—Miss F. Wilding, 1; D. Day, 1; Miss Press, 4; A. Buchanan, 1 ... ... ... | 7 |
| Purdom, W. P.—Dr. Purdom, 10; Asbrow, 5 ... | 15 |
| Queen, Sister (90s.)—Mrs. A. Clarke, 21; Mrs. Bruin, 21 ... ... ... ... ... ... | 42 |
| Rake, Dr. H. V.—Dowager Lady Hulse, 42; Miss Hulse, 42; J. P. Neave, 21; H. V. Rake, 21; Collected by Miss D. Rake, 43; Sidney B. Rake, 10; R. Tindall, 42 ... ... ... ... ... | 221 |
| Ransford, T. D., F.R.C.S.—A. Ransford, 1; J. A. Ransford, 5; T. D. Ransford, 20; W. M. Ransford, 1; Mrs. Parkin, 1; Miss W. M. Ransford, 1; V. A. Brown, 1; Miss E. Ransford, 1; Misses J. and F. Ransford, 2 ... ... ... ... | 33 |
| Reed, Mrs. Haynes (2s.)—Miss Lort, 1; Douglas Ford, 1; Miss Hawkins, 1... ... ... ... | 3 |
| Reeves, Dr. J. K.—A. English, 5; Mrs. Reeves, 1; J. K. R., 2; Miss Smith, 1; Mrs. Bissett, 1; F. English, 1; M. Howard, 1; A. King, 5; G. Dunn, 1 ... ... ... ... ... ... | 18 |
| Reinhold, Dr. C. H.—Mrs. Roy ... ... ... | 5 |
| Reynolds, D.—Miss L. Clayton, 1; H. Schofield, 3; Alfred Hewlett, 20 .. ... ... ... | 24 |
| Richmond, Dr. B. A. (63s.)—Edward Talbot, 21; Mr. and Mrs. J. R. Sutton, 21 ... ... ... | 42 |
| Roberts, Dr. J. W. (17s.)—Miss Haggard ... | 5 |
| Rodgers, R.—Harold Rodgers, 10; Stanley Rodgers, 10 .. ... ... ... ... ... | 20 |
| Rodgers, N. (26s.)—T. Quertier, 5; T. B. Yule, 10; J. J. Allen, J.P., 5; Mrs. Craft, 10; Miss Hewitt, 5; William Adams, 1; Stanley Rodgers, 10 ... ... ... ... ... ... | 46 |
| Roome, A. M. (21s.)—Mrs. Petter ... ... ... | 20 |
| Rowell, Miss M. E. (61½s.)—Mrs. Wotton... ... | 5 |
| Russell, Dr. J. W. .. ... ... ... ... | 21 |
| Ruth, Sister (Miss Edgecumbe) (1:41½s.)—Miss E. Valentine ... ... ... ... ... ... | 7 |
| Sewell, Miss (2s.)—Mrs. J. Wilson, 2½; J. N. S., 5; Mrs. E. J. Sewell, 1; Mrs. L. Green, 2 ... | 10½ |
| Sharp, N. A. D.—Anon., 5; N. A. Dyce Sharp, 1; Anon., 2½ ... ... ... ... ... ... | 8½ |
| Shepperd, A.—Miss Florence Cooper ... ... | 15 |
| Shewell, Miss—F. Turner, 1; Miss D. Grace, 3; Bertie Leslie, 20; E. Wheatley, 10 ... ... | 34 |
| Smart, Miss (1s.)—F. W. B. Smart, 1; J. Quicke, 1; Miss G. Smart, 1 ... ... ... ... | 3 |
| Smith, H. J. (10s.)—L. Foster Smith ... ... | 10 |
| Smith, Miss E.—J. Creamer... ... ... ... | 20 |
| Smith, E. Bellingham—Anon. ... ... ... | 21 |
| Stanton, Miss—Mrs. Hewett, 1; H. Hewett, 2 ... | 3 |
| Steele-Perkins, Dr. G.—Well-wisher ... ... | 1 |
| Stephen, Sister (110s.)—Gordon Taylor ... ... | 10 |
| Stevens, Miss E. (7½s.)—Mrs. Careless ... ... | 1 |
| Stewart, Mrs. H. M. (3s.)—A. W. S., 12; Two Sisters, 2; Anon., 2... ... ... ... ... | 16 |
| Stone, Miss (44½s.)—Miss L. J. Parker ... ... | 7½ |
| Stones, Miss—Misses Ratcliffe ... ... ... | 5 |
| Stott, Hugh—Sir G. Barham ... ... ... | 21 |
| Swift, Miss (100s.)—Miss Ferrier ... ... ... | 10 |
| Taylor, Mrs. Bramley—Anon ... ... ... | 4 |
| Taylor, Miss L. M.—Mrs. Connell, 10; George K., 21... ... ... ... ... ... ... | 31 |
| Taylor, Mrs. Frederick (87s.)—Mrs. Bower, 5; Anon. 1; Mrs. R. N. Arkle, 21 ... ... ... | 27 |
| Theobalds, Mrs.—Mrs. Ward, 1; Miss Fuller, 1; E. A. Linton, 1; G. L. Chumbley, 1; B. Pink, 7; A. B. Thirlby, 1; Mrs. V. Reid, 1 ... ... | 13 |
| Carried forward .. | 38129 |

| Name. | Shillings |
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| Brought forward ... | 38129 |
| Thompson, Ralph (44s.)—A. Thompson ... ... | 5 |
| Ticehurst, Dr. A. R. (2s.)—Miss M. Taylor, 10; A Friend, 40 ... ... .. ... ... ... | 50 |
| Ticehurst, G. A.—M. Sutherland Graeme ... | 21 |
| Tidswell, Miss Lena—Mrs. Tidswell, 3; Mrs. A. Tidswell, 3; Miss E. S. Wells, 2; Mrs. Berger, 5 | 13 |
| Tippetts, Miss Lilian—Anon. ... ... .. | 15 |
| Timpson, G. G.—Anon. ... ... ... ... | 147 |
| Turner, T. (43s.)—L. F., 21; Mrs. Greaves, 1 ... | 22 |
| Turner, Mrs.—M. Clarke, 1; R. Y. E., 21; Mr. Illingworth, 21; Mrs. Burkhill and Friends, 10; Mrs. Jones, 2; Miss F. Hillier, 1; H. W. Wise, 5; Mrs. Turner, 19; A. R. Burkhill, 10; Mrs. C. Lee, 10 ... ... ... ... ... ... | 100 |
| Tyson, Mrs. (2s.)—R. Coates ... ... ... | 1 |
| Upham, Miss (33s.)—Edward French, 5; Mrs. Poland, 8 ... ... ... ... ... ... | 13 |
| Walker, Miss A. L. (2s.)—Mrs. E. K. Walker ... | 1 |
| Waterman, Miss (166s.)—E. F. and V. Spilman, 5; Miss A. Wyatt, 5 ... ... .. ... | 10 |
| Wallis, Dr. C. G.—Mrs. Bell, 5; Mrs. Moles, 1 ... | 6 |
| Watson, Miss A. E.—R. G. B., 1; G. W. A. W., 1; A. E. W., 1 ... ... ... ... ... | 3 |
| Watson, J. N. (23s.)—Mrs. H. F. Clutterbuck ... | 90 |
| Wedd, Dr. B. H.—Misses Wedd, 20; L. M. Wedd, 10; B. H. Wedd, 100 ... ... ... ... | 130 |
| Wells, Mrs. C. H. (577s.)—Miss J. Baker ... ... | 20 |
| Weston, Mrs. (1s.)—Mrs. Turner ... ... ... | 1 |
| Weston, Miss (4s.)—Mrs. Sowter ... ... ... | 1 |
| White, Miss Hale—Anon., 10; Anon., 13... ... | 23 |
| Whiteford, Miss (2s.)—A Patient ... .. ... | 1 |
| Willes, Joseph—J. W. ... ... ... ... | 3 |
| Willes, Miss (5s.)—C. F. Cazenove ... ... ... | 21 |
| Wilson, A. Read—J. Wycliffe Wilson ... ... | 100 |
| Wilson, Miss L. H. (21s.)—A. F. P. ... ... | 5 |
| Wyatt-Smith, Dr. F.—Mrs. F. W. Moore... ... | 42 |
| Yeates, Miss E. (2s.)—Henry R. Lane ... ... | 15½ |
| Young, Miss (25½s.)—Collection ... ... ... | 19 |
| Zorab, Arthur (15s.)—Miss Carter ... ... ... | 5 |
| | 39012½ |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 1220½ |
| Total (up to 17th inst.) ... | 40233 |

## Appointments.

### Civil.

Farrant, Edward, L.D.S. Eng., has been appointed Honorary Dental Surgeon to the Wellington (Som.) Cottage Hospital.

Hancock, W. I., F.R.C.S., has been appointed Surgeon to the Ophthalmic Department of the Bolingbroke Hospital, Wandsworth Common, S.W.

### Naval and Military.

Fleet Surgeon W. W. Pryn, R.N., is appointed to the *Goliath*, and Fleet Surgeon W. Bett, R.N., to Greenwich Hospital School and R.N. College.

Lieutenants R. M. Barron and J. H. Horton, D.S.O., Indian Medical Service, are promoted to the rank of Captain.

Charles Gordon Roberts, M.A., M.B. (*late Second* Lieutenant), to be Surgeon-Lieutenant, Essex Imperial Yeomanry.

## Paris Notes.

(*By our Special Correspondent.*)

For four days the brain reeled from the unending shock of new, striking and delightful impressions. Space prevents their complete record, gratitude forbids their omission, while admiration and congratulation, not untinged with jealousy, dominate the recollection of a great and memorable achievement.

The key-note was their intense desire to reciprocate the reception of November last, a determination to rival it if possible, and at least to freely extend to us the hospitality for which they are famous, and to demonstrate those beaux artes for which they are so justly renowned. They succeeded beyond their most sanguine hopes, and we this day are their debtors.

The Sorbonne received us, a magnificent ancient palace of marble, thronged with dignitaries, where one familiarly jostled an ex-President, and could have "run a hand" over the renowned M. Lépine himself, chief of the famous Paris Police. Inside the great hall the French oratory swayed the vast audience to enthusiasm, but to the unpractised ear on the outskirts it was too fast and too expressive to catch. Later the main fuse blew out and interrupted the English replies, at least I presume it stopped them, because no one could hear the speakers easily.

The reception at the Ecole des Médecins was crowded and dignified by the robes and the scarlet and gold pork-pie hats of the Professeurs, but beyond the lavish space and invariable marble there was not much to impress one, except the tapestry, and the portraits of men whose names are more familiar to the M.R.C.P. than to us.

But, burnt in on the memory, will ever remain three chief impressions, the Reception at the Hotel de Ville, the Performance at the Automobile Club, and the Dinner at the Grand.

Imagine a stately block, fronting a square, the size of the National Gallery, but a little loftier, built for beauty and adorned in every porch with artistic paintings, with a series of magnificent rooms specially representative of the arts decorated with flowers, thronged with a well-dressed and chic company, and you may form a slight impression of the splendour and magnificence of the reception. Needless to say, French cuisine and wines were magnificent and lavish on every occasion. The famous Band of the Garde République, reinforced by singers, was delightful, the spectacle splendid, and the English forgot their habitual attitude of nil admirari. The Hotel is entirely the production of modern art, as it rose from the ashes left of its predecessor by the Commune.

Of the Automobile Club reception it is difficult to write without extravagance, to describe without a redundancy of adjectives, and yet to do adequate justice to the crowning glory of the visit. The club is enormously wealthy, even for Paris, and the same invariable

marble and golden splendour met us once more, but the theatre was the surprise. The property of the club, it was a model of a théâtre-de-luxe, a large comfortable inclined plane of stalls, with ample room for arms and legs, with a fine architectural grand tier with boxes above. No side boxes, no gods, no heat, no glare, and lighted by diffused light.

Here was given us an insight into the difference in temperament between the nations.

Of the singing and acting of the splendid company others better qualified must tell. Everything was delightful, from the polished perfection of manner and voice of Mme. Jeanne Raunay to the inimitable grace and beauty of the danses anciennes by Mlles. Louise et Blanche Mante; anything more artistic, poetic and lovely I cannot imagine, nor anything less like the popular idea of French entertainments. Perhaps for the nonce they suited their guests, truest test of hospitality, and altered their entertainments just as they produced their extra-sèc champagne! but in reality we were given fleeting visions of their highest ideals in the arts of singing, dancing and activity.

It is doubtful if all the English realised what a great occasion this performance was, even to the Parisians. It was in the main, as I understood Professor Pozzi, a production by the Schola Cantorum, a society which, originally founded by the church for the study of ancient church music, has been secularised and studies mediæval music and dancing for private performances only. On this memorable evening for this single and unprecedented performance in their history, the Opera Comique lent their artistes, the Opera their best dancers, and the Society welded the harmonious whole. The performance was thus unique, and the Parisians were as excited about it as we were. The Garland, a pastoral play, was first played in 1751.

Of the dinner it suffices to say that we descended by spiral staircases into a semicircular hall of amazing splendour at the Grand, that the decorations were of unrivalled beauty, that the heraldry of Paris was depicted above our heads in electric lights, and the arms of all the counties of England were similarly displayed. The English speeches (though Dr. Pye-Smith's oration was worthy of its author and the occasion) with the exception of Dr. Ogilvie's were a little inadequate to the size of the audience, but the dinner and the wines were perfect.

One must not forget Chantilly, a modern resurrection of the Chateau du Grande Condè, whose stables are as big as and more magnificent than Guy's old building.

It was elaborately laid out and magnificently designed, but I think the stately homes of England can at least vie with it, and in interest it cannot compare with Windsor, Chatsworth, or the Tower. Still the woods and the contents, especially the pictures, were lovely.

Turning to personal recollections, Guy's was represented by oculists like Mr. Brailey, who seemed quite at home, surgeons like Arbuthnot Lane and Clement Lucas, by physicians of the thoroughness of Newton Pitt, who dived from the Arc de Triomph to the Sewers in his enthusiasm to see and understand, and Dr. Bryant; also there were, I believe, Drs. Graham Little, G. A. Wright and Ashby, of Manchester, and of the younger generation Brydone and Glendinning from the English hospital. Mrs. Pye-Smith, Mrs. Lucas and Mrs. Lane were the ladies from Guy's.

Of more general impressions I was highly favoured by a previous acquaintance with Dr. Jarvis, who secured for me an invitation to dine with the Hon. Alan Herbert, who has been a Parisian for fifty years, and whose cuisine and wines are popularly reputed to be among the most recherchés in this land of study and devotion to whatever pleases the senses.

The dinner was long, diversified by much conversation, and course succeeded course without any feeling of satiety, so beautifully was it planned and cooked. With regard to the wines, coming as it did before the theatre, I was secretly a little alarmed at the preparations of glasses. Sherry (not English sherry) red, white, red, red again ('78 was whispered to me in a tone of suitable reverence by the butler), white again, champagne this time, more red (and it seemed to me all over again!) and finally pink champagne, then a liqueur, then coffee, and to my amazement after struggling successfully to keep place with all these, the coffee sent us all away in absolute sobriety—as I live by bread. If that is not a testimony to a perfect entertainment I know not what is. We were showered with champagne and every kind of drink at every entertainment and none of us felt the least discomfort in the morning, headaches, biliousness, etc., quite unknown; O si sic omne. The truth is, all French wines are doctored up for the Channel and the English taste.

Space prevents a scientific description of medical points. Personally I saw little but abdominal surgery and obstetrics, but briefly they have little to learn from us in surgery, and we little from them, but in hospital management and in smooth economical working they far excel, and the anæsthetics I saw given were given really well. Some of our party envied the Internes! Their hospital system, l'Assistance publique, resembles the system of the Asylums Board administration and also the County Council Asylums.

Their hospitality leaves us debtors for life to French doctors, their exactness and professional zeal have evoked our heartiest admiration, and the entrancing recollections of my first Paris visit, time and change I hope will never completely efface.

The professors were untiring in their energies, and the dignity and presence of Professor Bouchard corresponded with monarchial rather than republican France.

On our side Sir William Broadbent gave them a perfect illustration of the best English manner, his courtesy was unfailing, and his bonhomie entirely delightful, while the performance of the Marseillaise and the National Anthem by the Garde Republique had a grandeur I have nowhere else encountered.

GLAUCOPIS.

# Extracts from "A Memorandum Book Relating to the Affairs of Mr. Guy's Hospitall."

IT has been said that diaries and the like are things in which we chronicle events that never have happened and never could have happened. The musty old book, however, of which we now write, was concocted before the days of the degenerates, when there was yet no Yellow Book and no Savoy Magazine, and when green carnations had no market value, and the result is a beautiful openness and transparency that not only give it the stamp of truth, but moreover indicate by a few illuminating touches the manner of man who compiled it. The book dates back to 1735, just fourteen years after the founding of this hospital, and even though no dates were mentioned, the respectfulness of the "Mr. Guy's Hospitall" would lead us to believe that the generous founder, if not still in the land of the living, was at least no lifeless memory to those who organised the work of his charity, and chronicled some of its less public transactions.

To quote a few of the more human passages:—

1. "Memorandum; abt Brewing, Malt Hopps &c."

"They brew at the Hospitall almost every week missing only abt i Week in Seven, from Micmas to Lady Day."

"They brew 6 Quarters of Malt at a time."

"Ordered The Butler to give me at least 2 or 3 weeks notice before Malt or Hopps are wanted."

"Mr. Thomas Hicks is most fitt to buy Malt and Hopps."*

"The Brewer Groom affirmed the beer of the House is as strong as beer of 10s. 6d. barrell . . . . . but?"

It is interesting to note, in connection with the above memorandum, the extraordinary vitality of some of these Anglo-Saxon names. They are not, as in this case, noted for their intrinsic beauty, but they have an honesty of sound which goes far towards commending their possessor to the goodwill of his fellows; even this 18th century Hicks we see was approved of by our precise informant, who was no mean judge of character either, as you shall soon see.

2. "Memorandums of the Character and behaviour of the officers and servants of the Hospitall."

"Woodhouse the porter is a noisy, expensive, dissolute, encroaching fellow—needs much to be carefully watched. ? of his affair with the Sister of —— ward? Woodhouse's wife is an Exceeding jealous woman."

What an enlightened old bachelor our chronicler must have been! Enlightened he certainly was, or he would have allowed the mere query of Woodhouse's "affair" to obsess him to the exclusion of all other considerations. Instead, he carefully weighs all things and notes the exceeding jealousy of Woodhouse's wife. That he was a bachelor goes without saying, for though a married man might cherish doubts as to the unprovoked perverseness of Woodhouse, he would not be so indiscreet as to put them down in black and white. It is an interesting memorandum, is it not? And we have no doubt but that posterity will completely exonerate the worthy Woodhouse.

"Voughton, the beadle, is a very sober, diligent, quiet, modest man, and much deserves favour and encouragement."

Heavens! Can we not see him—this Voughton? A pitiful object! Physically and mentally pithed! Bound to get on in the world! The punctuality of the fellow was probably surprising; and we do not doubt his sense of duty was overpowering.

Had Voughton lived earlier in the Christian Era he would probably have suffered martyrdom in a silence that would have been mistaken for the abandonment of heroism, but which would really have been the outcome of complete paralysis of all ideas. Living as he did in the 18th century, our chronicler found that he "much deserves favour and encouragement." How Woodhouse must have hated him, and how he must have lost no opportunity to insult and pain him! For in so far as worldly prosperity is concerned, the Woodhouses of this world can hold no candle to the Voughtons.

Again, under the head of "Memorandum's of Taylor's and Brecknock's farms."

3. "Should not Brecknock pay the £3 12s. for the Hospitall's timber which he used to plank the floor of a barn, and which barn do's not belong to the Hospitall? Yes He should."

The unerring justice of this old-world business man! Brecknock was probably not really a dishonest man, only a trifle careless, and with his sense of property rather undeveloped. He probably paid for that timber on the nail and offered to pay more "if they liked." He doubtless described the timber he had used in no uncertain way, stating that it was more fit for other and baser uses than that to which he had put it. His remarks and his access of indignant anger are met on the part of our chronicler with a dignified and rather irritating silence. He had gained his point, the £3 12s. was in the coffers of the hospital. Brecknock may have been actuated by the highest motives—and, on the other hand, he may not. Pure theory, and of no practical bearing on the matter!

Yet another piece of ancient history:—

4. "Memorandum of the number and charges &c. of Hospitall burialls."

The charges of a Hospitall Buriall . . . are—

| | | | | |
|---|---|---|---|---|
| The Ground | ... | The Hospitall | 00 | 06 00 |
| Coffin ... ... | | ... The Undertaker | 04 | 00 |
| Shroud | ... | ... The Matron ... | 01 | 00 |
| Opening the Gate | ... | The Porter ... | 01 | 00 |
| Notice of Death | ... | The Beadle ... | 01 | 00 |

*No mention is made of this gentleman's girth; probably, however, malt liquors were as effectual then as now.

| | | | |
|---|---|---|---|
| The Bearers. | The Beadle Voughton | | |
| The porter | Woodhouse and the apothecary's men | 2 | |
| Thus settled April 2nd 1734 ... | | ... | 01 04 |
| Bringing out of the Ward | | | |
| Beadle Voughton and the elder Apothecary's man | | | |
| Thus settled April 2nd 1734 ... | | ... | 00 08 |
| Digging the Grave... | ... | ... | 01 00 |
| Laying out | The Sister and the Nurse | | 01 00 |
| A cloth pall ... | The Steward | ... | 01 00 |
| Registring ... | The Steward | ... | 01 00 |
| The attendance of the Clerk of the Chapple ... | ... | ... | 01 00 |
| | | | £01 00 00 |

"If any be so foolish as to use a velvet pall these pay 5s. to the undertaker Mr. Clark and he gives the steward 2s. 6d. out of it."

You notice that the beadle, Voughton, acted as a bearer in addition to bringing the dead man out of the ward, whilst poor Woodhouse—he of the jealous wife!—acted as a bearer in addition to opening the gate. By a burial, therefore, Woodhouse earned an honest 2s. 4d. to Voughton's 3s., and this would seem to be a reversal of the likely order of things. What happened afterwards, however, sheds a different light on the affair. Voughton seized the opportunity—in the atmosphere created by the solemn ceremony in which they had both participated—and pleaded with Woodhouse that he would mend his ways. He refrained from saying very much—his ideas were limited, but he was very earnest about it, and in all probability Woodhouse, already a dissolute man, completely disgraced himself in liquor as a result and was discharged, for we note no further mention of him.

But can we not see this old, bewigged servant of "Mr. Guy's Hospitall" in his neatly-fitting black cloth coat and knee breeches and his buckled shoes, somewhat grimy about the nose and fore finger from what has since been stigmatised as "the dirty habit of snuff taking," sitting at his task in his bachelor's rooms with no jealous wife at *his* back, and thinking judicially of that host of myrmidons whose doings he is so surely to chronicle.

Space forbids our quoting further from his delightful book, but we hope that at some future date we shall find some further memoranda that will throw some light on the ultimate end of Woodhouse, the further blameless life of Voughton and the possible lapses, as yet undreamt of by us, of the—as yet—non-proven Brecknock.

And is not history repeating itself as surely in this as in all other things. How many manuscripts are there now in desk and cupboard in which are set forth all the goings-out and comings-in of the meanest hind amongst us. We have only to add that should the Superintendent feel so disposed, we shall be only too pleased to render him every assistance in our power in a compilation of other and more intimate records.

# Pass List.

## University of Oxford, May, 1905.

DEGREE OF M.D.

Owen W. Richards.

## University of Cambridge, April, 1905.

DEGREE OF M.B. CONFERRED.

F. W. Morton Palmer.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES, EASTER TERM, 1905.

PART II.—SURGERY, MIDWIFERY AND MEDICINE.—H. C. Cameron, R. E. French, E. Lloyd.

## University of Durham, April, 1905.

DEGREE OF M.D. FOR PRACTITIONERS OF FIFTEEN YEARS' STANDING.

J. A. Ward.

DEGREES OF M.B. AND B.S.

B. W. Lacey, A. V. Maybury, A. A. Smith.

## Royal College of Physicians of London, April, 1905.

ELECTED TO THE FELLOWSHIP—F.R.C.P.

J. W. Russell. E. Ivens Spriggs.

## Final Conjoint Examination, April, 1905.

MEDICINE AND MIDWIFERY.—F. D. Crew, G. H. Morris.

SURGERY AND MIDWIFERY.—*H. C. Cameron.

MEDICINE ONLY.—H. P. Costobadie, L. Doudney, H. S. Knight, H. M. Langdale, *A. B. O'Brien, R. M. Rendall, H. D. Wyatt.

SURGERY ONLY.—*G. H. Cheyney, *C. J. S. Dismorr, *G. F. Hardy, *E. N. Jupp, *B. W. Lacey, *P. F. Minett, W. Reeve, *D. H. Richards, *J. D. Thomas.

MIDWIFERY ONLY.—R. Edridge, G. Hamilton, P. C. Litchfield, B. B. Metcalfe, A. H. Miller, T. Norman, A. M. Roome, J. E. Scales.

* Denotes completion of examination.

## Royal College of Surgeons of England, May, 1905.

LICENCE IN DENTAL SURGERY.

FIRST PROFESSIONAL EXAMINATION.

MECHANICAL DENTISTRY AND DENTAL METALLURGY.—E. Barnett, E. L. Brown, G. Ll. Davies, S. G. Elliott, H. T. O'B. Genge, F. Giles, R. A. Glindon, J. E. Hanna, F. M. Holborn, C. G. G. Lewis, C. E. Lloyd, J. Margolies, H. E. Marsh, V. Masters, R. J. Oliver, G. Packham, A. H. Pickett, R. R. B. Ponder, H. L. Power, H. T. Reeve, N. V. H. Riches, S. W. Rutter, H. V. Sharp, G. Warren, B. L. Weaver.

MECHANICAL DENTISTRY ONLY.—H. G. Clark, H. G. Dumayne, C. C. Freer, *B. B. Samuel.

DENTAL METALLURGY ONLY.—*B. Beadnell-Gill, W. T. Clarke.

* Denotes completion of examination.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Ships Surgeons' Pocket Book.* By W. E. Dawson. Pp. viii. and 96. (Messrs. Bailliére, Tindall & Cox). 2s. 6d. net.

This work might be fittingly described as "The Common-place Book" of a surgeon in the merchant service, consisting apparently of a series of notes jotted down in a haphazard manner on divers subjects — indeed a motley crew! To quote the first five which are Abscess; Æther; Algiers; Amazon River; Animation, Suspended. The professional notes are very crude and too short to be of much assistance, while in a few cases they are misleading. In tapping a hydrocele no precautions apparently are necessary to find out the position of the testicle, and under Catheterisation no mention is made of any antiseptic precautions: there is also some confusion between Chloroform and Æther, as we only are told that it is dangerous to use the *former* near a naked light.

The treatment of boils is very good; and under plaster of Paris we hear a nautical man saying, "Size or stale beer delays the setting and salt hardens, while soda helps its removal from the hands."

*The Medical Annual for 1905.* pp. lxxxiv. and 843. (Messrs. John Wright & Co., Bristol.) 7s. 6d. net. (Stereoscope for use with plates, 2s. 6d.).

The publishers of this excellent annual have found it necessary to increase the size of the page, to avoid undue bulk of the book, as it goes on increasing in size with each issue, though the price still remains surprisingly moderate. The general arrangement of the work is too well-known to need description, and the same high standard is well maintained this year. All the articles are written by reliable men who append their signatures, and copious references are given throughout to the principal periodicals of the year.

It will be found most useful by the general practitioner, who wishes a short digest of all recent medical work, with an indication as to where he can find more information on any particular subject. To mention a few:—the operative treatment of constipation and of Bright's disease, the use of ethyl chloride (why no reference to Dr. Hewett's paper in the *Lancet*?), and the advantages of intubation over tracheotomy, in which, however, we should like to see some statistics as to cases in which inability to leave off the intubation tube compels tracheotomy.

Following the latest fashion most of the plates are arranged for stereoscopic vision, and a very cheap and handy stereoscope can be obtained. A summary of legal decisions during the year which affect medical men adds to the value of a book which every practitioner should possess.

*Elementary Microscopy.* By F. Shillington Scales. pp. xii. and 180. (Messrs, Bailliére, Tindall & Cox.) 3s. net.

Mr. Scales has succeeded in producing a very useful little handbook on the microscope, which avoids undue technicality without being too popular—there is no chapter on "Pond Life." The first half of the book consists of descriptions of the various parts of the instrument with good illustrations, which, however, are of course borrowed from the catalogues. Prices are given, but we should have liked to see more criticism—the beginner does not want to know what Swift or Baker manufactures, but which is best at any given price, and for any given work. The catalogues soon tell him that an Achromatic Condenser is the best; but when is it *necessary* to buy one?

In the chapters on manipulation many useful hints are given, especially on the use of a condenser, which must be recentered for each objective if a nose-piece be used. The book will be found invaluable by all beginners in the science of microscopy.

*Surgical Case Book Charts for Rectal Diseases.* By Cecil H. Leaf. (Archibald Constable & Co.). 1s. 6d. net.

These various rectal diagrams are gummed, perforated and bound up ready to be torn out and used. Uniform with the better known chest and abdominal diagrams, they will be found very useful.

*Golden Rules of Medical Practice.* By Lewis Smith. pp. 126. (J. Wright & Co.). 1s.

A number of practical rules put up in pocket book form which all would do well to read and remember. The author pleads for systematic examination of cases and points out what should be remembered in *e.g.*, sciatica and lumbago. A typical sentence is "Constipation is a relative term variously understood by different individuals."

# Sport.

## CRICKET FIXTURES.

Saturday, May 20th.

G.H.C.C., I., v. Wanderers, home.
II., v. Old Olavians, away.
III., v. Camberwell House, away.

Wednesday, May 24th.

G.H.C.C., I., v. Surrey Club and Ground, home.
II., v. Old Charltonians, away.
III., v. Sevenoaks School, away.

Saturday, May 27th.

G.H.C.C., I., v. Reigate, away.
II., v. R.I.E.C., home.
III., v. New Eltham, away.

Tuesday, May 30th.

G.H.C.C., I., v. Thespids, home.

Saturday, June 3rd.

G.H.C.C., I., v. Beckenham, home.
II., v. Camberwell House, away.

## LAWN TENNIS FIXTURES.

Saturday, May 20th.

G.H.L.T.C., I., v. Surbiton "A," home.

Wednesday, May 24th.

G.H.L.T.C., I., v. Sidcup, home.
II., v. St. Thomas's Hospital II., away.

Saturday, May 27th.

G.H.L.T.C., I., v. Harold, away.

Saturday, June 3rd.

G.H.L.T.C. I., v. Brixton Wanderers, away.

# Cricket.

## GUY'S v. LONDON COUNTY C. C.

Played at Honor Oak Park on Wednesday, May 10th, and won by our opponents. Of the team, Bookless, Barnett and Riches batted well, and the bowling honours were shared by Bartlett, Morgan and Riches. Score:—

GUY'S.

| | |
|---|---|
| N. Riches, b Gooder | 27 |
| J. S. Bookless, st Bale, b Gooder | 27 |
| R. Willan, b Marshall | 7 |
| E. Barnelt, c Gooder, b Marshall | 67 |
| H. D. Wyatt, c Kenward, b Marshall | 9 |
| A. M. Tolhurst, b Gooder | 6 |
| E. Morgan, b Gooder | 28 |
| H. Simms, b Grace | 10 |
| E. Whelon, c Bale, b Gooder | 12 |
| S. Wells, not out | 4 |
| G. N. Bartlett, c and b Gooder | 4 |
| Extras | 8 |
| TOTAL | 205 |

LONDON COUNTY.

| | |
|---|---|
| W. G. Grace, b Riches | 13 |
| Alan Marshall, b Riches | 66 |
| R. Kenward, b Morgan | 101 |
| P. G. Gale, b Bartlett | 2 |
| J. D. Gillespie, b Bartlett | 15 |
| Murch, c Wells, b Bartlett | 16 |
| H. Archer, c Riches, b Bartlett | 1 |
| Bale, b Morgan | 1 |
| W. G. Cuttill, not out | 2 |
| Extras | 5 |
| TOTAL (for 8 wickets) | 222 |

Gooder and Snow did not bat.

## GUY'S 2ND v. BEDDINGTON.

This match was played at Honor Oak Park, on Saturday, May 6th, ending in an easy win for the Hospital by four wickets and 50 runs. They made 118, and we made 168 for six wickets. Pickett played a good game for his 39, and Harvey made the same score. Allnutt played a good 42 for them. Score:—

BEDDINGTON.

| | |
|---|---|
| L. S. Manvill, b Ticehurst | 0 |
| T. R. Horton, c and b Clarke | 17 |
| E. C. Ashcroft, c Clarke, b Ticehurst | 0 |
| H. S. Hilder, run out | 8 |
| H. Allnutt, not out | 42 |
| L. V. Atkinson, b Verver | 21 |
| R. A. Lepingwell, b Morris | 6 |
| H. S. Moore, c Ditch, b Clarke | 0 |
| F. S. Whiter, c Clarke, b Verver | 15 |
| G. B. Taylor, run out | 1 |
| A. G. Arkoll, b Clarke | 0 |
| Extras | 8 |
| Total | 118 |

GUY'S.

| | |
|---|---|
| A. H. Pickett, c Lepingwell, b Hilder | 39 |
| L. S. Johnston, c Atkinson, b Hilder | 7 |
| G. F. Allison, c Manvill, b Atkinson | 1 |
| E. L. Elliott, b Hilder | 0 |
| T. R. Harvey, b Lepingwell | 39 |
| B. T. Verver, st Moore, b S. Whiter | 18 |
| C. B. Ticehurst, not out | 9 |
| M. Munden, not out | 15 |
| Extras | 40 |
| Total (6 wickets) | 168 |

W. T. Clarke, J. R. D. Ditch and C. G. Morris did not bat.

## GUY'S 2ND v. NORWOOD "A."

Played at Honor Oak Park on Saturday, May 13th, ending in a win for the Hospital by five wickets and 29 runs. Whelon played a fine game for his 54, without a chance; Digby and Gibson also played well, making 44

and 21 respectively Kahlenberg took four wickets for 26. Score :—

NORWOOD.

| | |
|---|---|
| C. W. Le May, b Clarke | 4 |
| G. J. Gillespie, c Kahlenberg, b Ticehurst | 3 |
| G. P. Hayes, c Digby, b Kahlenberg | 31 |
| H. H. Le May, b Kahlenberg | 34 |
| W. Knowles, c Johnston, b Digby | 0 |
| W. S. B. Murphy, run out | 2 |
| W. Brown, c and b Kahlenberg | 7 |
| N. Thevenard, b Digby | 14 |
| N. W. Theobalds, b Kahlenberg | 4 |
| G. S. Hatton, not out | 15 |
| I. F. Kemp, c and b Whelon | 13 |
| Extras | 20 |
| Total | 147 |

GUY'S.

| | |
|---|---|
| C. E. Whelon, lbw, b Hatton | 54 |
| I. L. Johnston, b Brown | 5 |
| W. S. Digby, c Gillespie, b Hatton | 44 |
| G. F. Allison, c Hatton, b Gillespie | 17 |
| T. R. Harvey, b Hatton | 4 |
| E. L. Elliott, not out | 15 |
| H. G. Gibson, not out | 21 |
| Extras | 16 |
| Total (5 wickets) | 176 |

B. T. Verver, W. T. Clarke, C. B. Ticehurst and F. Kahlenberg did not bat.

## Lawn Tennis Club.

GUY'S v. BLACKHEATH "A."

We played our first match of the season on Saturday, May 13th, against Blackheath "A," who brought a rather weak team and easily succumbed. The general level of our play was certainly somewhat higher than that of last season, though the team is practically unchanged. The only fresh inclusion is C. E. M. Jones, who may give useful assistance when he thoroughly masters the double game. Score :—

A. Zorab and F. W. M. Palmer beat Peachey and Atkins, 6–8, 6–1, 6–3; beat Perrier-Smith and Keith-Smith, 6–2, 6–2; beat Priday and Adams, vice Stone (hurt), 4–6, 6–2, 6–2. L. J. Orpen and A. S. M. Palmer beat Priday and Adams, 7–5, 6–4; beat Peachey and Atkins, 6–0, 6–1; scratched to Perrier-Smith and Keith-Smith. M. Earle and C. E. M. Jones beat Perrier-Smith and Keith-Smith, 6–2, 6–4; beat Priday and Adams, 2–6, 6–3, 6–4; lost to Peachey and Atkins, 4–6, 6–4, 4–6.

Result : 7 events to 2.

The Second VI. should render quite a good account of themselves this year. Several fixtures have been arranged for them since the publication of the match card, and more would be arranged if it were not for the limitation of our finances.

The Committee have been informed that much annoyance has been caused by certain members climbing over the neighbouring gardens to fetch their balls. If the practice is not discontinued, serious trouble will ensue.

They also wish to give notice that for the future no balls will be for sale at the pavilion except second hand ones previously used in matches.

## Solution of Case for Diagnosis.

At the operation a large unilocular ovarian cyst was found. It was extremely adherent to the surrounding tissues and contained several pints of slightly turbid fluid. The walls, which were fairly thick, were coated inside with flakey lymph. The patient made an excellent recovery. The nervous condition of the patient and the supervention of the menses prevented a rectal examination, which might have aided the diagnosis. The variable character of the pain and its occurrence in the back and epigastrium were puzzling. A blood count was unfortunately not possible, but might have thrown some light on the condition. The diagnosis at first appeared to be appendicitis, the initial vomiting, slight constipation and pyrexia fitting in with this, as well as the slight dulness in the right iliac fossa. Abscess formation was not thought to have occurred till the symptoms of the last evening before operation supervened, but then the character of the pain and its position in the back was recognised as unusual. The good pulse and the general appearance of the patient negatived any general peritoneal infection. There was no history pointing to gall-stones, besides which, though the situation of the pain sometimes suggested them, the swelling was always definitely in the iliac fossa.

## Births.

ALEXANDER—On April 15th, at Cambridge, Cape Colony, Mrs. Alexander, wife of K. B. Alexander, M.B., B.S. Lond., of a daughter.

NICHOLSON.—On April 28th, at Roundhay Road, Leeds, the wife of T. Marshall Nicholson, M.A. Oxon, M.R.C.S., L.R.C.P. Lond., of a daughter.

REYNOLDS.—On May 4th, at 31, Balham Hill, S.W., the wife of Leonard G. Reynolds, M.R.C.S. Eng., L.R.C.P., of a daughter.

## Deaths.

BROWN.—On May 13th, at Cairo, Egypt, of typhoid fever, Herbert W. Brown, M.B. Lond., aged 27 years.

FOWKE.—On April 28th, at Byfield, Northants, Emma, wife of F. W. Fowke, M.R.C.P., M.R.C.S. Eng., etc., aged 60 years.

SYMONDS.—On May 9th, at The Hall, Ormskirk, Charles Price Symonds, J.P., M.R.C.S. Eng., L.S.A., in his 88th year.

EDS.—R. E. & F. W. M. P.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

MONEY continues to flow into the Hospital Exchequer in answer to the Appeal, though unfortunately the current is becoming slower every day. Half the required amount has not yet been received, though several large sums have recently been sent in. The initial response to an appeal is always the readiest and heartiest, the first half is always obtained more easily than the second, and yet fifty thousand is still untouched. The energies of the subscribers to the Million Shilling Fund are also beginning to flag, and the list we publish this week is much shorter than those given in previous numbers, while the potential collectors to whom cards were sent still remain much more numerous than those who have shown any evidence of efforts on our behalf. All those students who took part in the house-to-house collection in Brockley and Lewisham will be pleased to see that their work has been publicly appreciated by the Governors.

TEN years ago, when the Hospital made its last great Appeal, large sums of money were collected at various Bazaars and Fêtes, which were organised by old Guy's men and well-wishers of the Hospital in various parts of London. No similar functions have been arranged in response to this Appeal, and we are sorry to see that such a valuable incentive to charity is neglected now by old Guy's men. Nobody has hitherto followed the example of some residents in Beckenham, who in 1885 organised a Fancy Fair at Shortlands, by means of which nearly two thousand pounds were collected. Surely something similar could be arranged this year—perhaps somewhere else; and we appeal to all old Guy's men to consider each the possibilities of their respective neighbourhoods, and endeavour to assist us by every means at their disposal.

IT is all over! The South London Medical Practitioners' Protection Association have held a meeting and decided to launch their shafts against the London Hospitals, who they consider are guilty of unfair competition. Whether these bolts have yet found their billets, or why the present time should be chosen, when the hospitals are endeavouring to check abuse by every means in their power (in the language of a well-known work), we know not! Since the meeting, which was held in Trinity Street, on Friday, May 26th, we have noticed no change in this Hospital, nor have we noticed any diminution in the number either of ordinary patients or of those whom we often receive sent on by the medical man. Of these many are sent to the Hospital as to the poor man's consultant, and

the requisite advice is gladly given, while some are sent because the medical man, though he has been called in, considers them unable to pay for the long attendance which he considers would be necessary. But no words are strong enough to condemn the action of those doctors who send their patients up without any previous warning by letter or telephone, having told them that they would be admitted *instanter*.

THE parable of the mote and the beam is an old one, but we would earnestly commend it to the attention of the South London Medical Practitioners. Beds are not always available, even for acute cases, and the medical man who has persuaded his patient, by an unjustifiable promise of prompt admission, to hire a vehicle and come up, is doing the patient and the Hospital a great injustice. A most flagrant example of this practice recently came under our notice:—A poor woman was sent up from Nottingham suffering from a small and superficial chronic mammary abscess, the nature of which was evident; no letter was given her, but she was told that no hospital would refuse to admit her, as the case was extremely urgent.

ABUSE does undoubtedly exist, and some patients obtain free medical treatment who could well afford to pay for it, but no hospital is likely to obey the dictates of any irresponsible committee, and yet the decisions at this meeting were most dictatorial in their wording. We read, "That on a second visit the patient should bring with him a certificate, signed by a medical practitioner, stating that such patient is a suitable one for hospital relief." We fancy that the number of attendances stated to be "first" would increase with great rapidity, and wonder how many medical men would make the necessary inquiries before signing the certificate. The inhabitant of Crosby Row, whose birth was aided by the Hospital, and who has looked to us for medical assistance in every year of his life, would naturally resent such a demand, and possibly be unable to obtain a certificate.

WE have much pleasure in publishing a lengthy report of the Countess of Bective's speech at the recent annual meeting of the Guy's Hospital Ladies' Association, which, though only established ten years ago, has already reached a membership of nearly eight hundred, and is doing an extensive and most useful work in the supplying of clothes to convalescent patients, besides contributing generously to the funds of the Hospital. The Countess of Bective is a true friend of the Hospital, and takes a great interest in Clinical and the Clinicals, to whose comfort she has often materially contributed.

IT is announced that Mr. Golding-Bird is standing for the vacancy on the Council of the Royal College of Surgeons, which has been caused by the resignation of Sir Henry Howse. It is hoped that Mr. Golding-Bird will receive the support of all Guy's men towards his election, as he is the only candidate from this Hospital.

WE are disappointed in our readers, and in their want of enterprise. Two subjects of absorbing interest were recently discussed in our columns, subjects which we expected would produce a sheaf of letters from our numerous correspondents, and yet a single letter on each was the net result. The motorist—like the angler and the golfer—is never tired of talking "shop," and, as medical men are using motor cars in large numbers, we wonder that more have not written to contradict or corroborate a recent writer on that subject, especially as we have heard several verbal criticisms of his paper. The teaching of obstetrics should appeal to all, especially as the practice at Guy's differs from that prevailing in several other hospitals. The proud boast of the Guy's Charity that forceps are rarely applied, perhaps contributes to the inexperience of the newly-fledged doctor, but it is certainly to the ultimate benefit of the patients.

OUR readers will be glad to see printed evidence of the fact that Sir Samuel Wilks has completely recovered from his recent severe illness. To read a Paper before a Society is no mean feat for a man of ninety-two, especially on such a subject as Ambidexterity, and the clear way in which it is handled is a

testimony to the undimmed excellence of Sir Samuel's intellect.

WE regret to announce that Mr. G. C. F. Robinson has been compelled by ill-health to resign the appointment which he has held for only eight weeks, and trust that rest and change will establish a permanent recovery. The vacancy thus created has been filled by the appointment of Mr. H. Mann as House-Surgeon to Mr. Symonds—the first occasion, we believe, for fifteen years, on which a House-Physician has subsequently become House-Surgeon.

THE Guy's Hospital Sports will be held on Thursday, June 15th, at Honor Oak Park, and Mrs. H. T. Hicks has kindly consented to distribute the prizes to the winners. It is hoped that large entries, fine weather, and many spectators, will all contribute to the success of an afternoon, which is usually one of the most enjoyable during the year

THOSE responsible for the management of the Westminster Hospital Bazaar, have discovered a new and ingenious method of charming money from the stony-hearted. Mr. Wyllie, A.R.A., dressed as a pavement artist, and with his foot in bandages, succeeded in collecting £200 "in his hat," by two days' work, while Sir Frederick Bridge gave lessons on a "piano-player," for 2s. 6d., and an extra half-crown procured a certificate, stating that the "pupil plays as well as can be expected." The adoption of these tactics opens a wide sphere of usefulness for those connected with Guy's, and we can see many possibilities which might be worked for the benefit of our present Appeal. The students have done their best; why should not the Staff give popular exhibitions at popular prices? Boxing and Fencing matches could be easily arranged, or a "Glove v. Rapier" would provide much amusement, while the various members of the Alpine Club on the Staff could make a tour of the roofs of the Nursing Home—well roped together.

WE publish in another column a notice of the next Examination for Commissions in the Royal Army Medical Corps, which have been sought after more eagerly in recent years. The conditions of Service in this Corps have improved, and the expenses incident to holding a Commission have decreased, so that more of the *better men* have joined the Service during recent years. We are glad to see that the shameful example of the Indian Civil Service Commissioners is not followed, as the R.A.M.C. do not hold the Physical Examination *after* the Competition. Further particulars, with forms of application, can be obtained in the Medical School Office.

THE Cricket Team is to be congratulated on the auspicious start they have made in the Inter-Hospital Cup ties. After an exciting finish they succeeded in beating London Hospital, our opponents in the final last year, a result which was largely due to the excellent batting of Barnett and Bookless, and the bowling of Morgan and Riches. In the next round we meet the winner of University and King's College Hospitals. In club matches the team have not met with such uniform success, having lost in four and won in two matches. Messrs. W. G. Grace and Jephson having been numbered amongst their opponents. We congratulate Mr. H. D. Wyatt most heartily on playing for Middlesex versus Yorkshire and on the good twenty-three, not out, which he has compiled in the first innings.

AN effort is being made to start a rowing club in connection with Guy's, and it is hoped that by March next a crew may have been formed to compete in the Inter-Hospital fours race, which is held annually, and for which all are eligible, even those who are out of their year for cricket and football. The present arrangements are for intending members to become attached to the Auriol Rowing Club, the fees for which will be quite moderate. Will anyone wishing for further particulars communicate with Mr. H. F. Wight, who will be glad to give all the information required?

THE eighth annual Guy's Colonial Dinner will be held at Pagani's Restaurant on Thursday, June 22nd: it is hoped that a large number of the fifty Colonials now at the Hospital will give in their names to Mr. E. W. Giesen, who will provide all particulars.

# A Few Considerations on the Care of the Teeth of Children.

CLINICAL LECTURE BY MR. WYNNE ROUW.

GENTLEMEN,—I have chosen for the purpose of my lecture to-day a subject which, within the limited time at my disposal, I can only hope to do the barest justice to—a subject, by general consent, conceded to be the most engrossing, and withal the most interestingly difficult, in the whole field of dental medicine.

It will be convenient to consider the care of our child-patients' teeth under three headings :—

1. Treatment during the period of teething.
2. The care of the deciduous teeth.
3. The care of the permanent teeth in childhood.

*Treatment during the teething process.*—It is rare nowadays for the dental surgeon to be called in to deal with difficulties arising at this period of the infant's existence. The exhibition of the lance, so frequent in former days, is fast disappearing as Nature's laws and ways are being better understood, but it does occasionally occur that the services of the dentist may be sought with a view to mitigating disturbances and complications directly due to the tardy eruption of the teeth in question. The operator should then remember that the only hope of assisting the infant is to cut down directly on to the enamel of the tooth, when over this definite signs of pressure and thick unyielding gum is shown, and remove sufficient soft tissue to make the healing by immediate union an impossibility.

*The care of the deciduous teeth.*—Seeing that so large a percentage of cases of irregularities in the position of the teeth of the permanent series are to be attributed directly to the premature loss of the temporary teeth, it is of paramount importance that every effort should be made to retain these teeth until such time as their position is to be usurped by their permanent successors. The incautious removal of the second temporary molar may, if conducted at a period when the tooth immediately succeeding is not ready to come into line, result in a complete shutting out of this latter owing to the forward advance of the first permanent molar.

Again, the early removal of the teeth under discussion may imperil the future facial contours of the patient, owing to the loss of that forward pressure from the first permanent teeth, to which, in part at least, the growth of the jaws anteriorly is to be traced, and furthermore the masticating function must ever be kept in view. Faulty habits acquired in early life, due perhaps to inability to bite on one or both sides of the mouth, are not likely to be corrected easily in the later years of the child's existence.

How, then, shall these teeth be saved until such time as their displantation shall have become a necessity? Dismiss at once from your minds the hope that gold as the filling material to be used may be of any service. Our aim is to do what is required as effectually and as rapidly as possible. We are here dealing with quite young children to whom, perhaps, the dentist has been held up as some terrible bogey, the mere sight of whom with his unconcealed surroundings strikes terror into the hearts of these little ones, but by persevering and conciliatory methods much may be accomplished. The careful examination of the cavity gives way to the cautious removal of such carious portions of tissue as is possible.

It is astonishing how tractable our child patients are. Woe betide the operator, however, whose ill fortune it may be to inflict on them pain.

Cavities in the *incisor region* present, as a rule, no difficulty, and should be filled with oxyphosphate of zinc; the case is, however, different when we approach defective areas in the molar region. Speaking generally, such cavities are not seen until they have become compound, *i..e*, have involved more than one surface.

Usually it will be found that when one tooth —say the second molar—is affected on its mesio-occlusal face the adjacent tooth will be found diseased on the surface immediately contiguous to the former.

It is well to treat these cases by removing as far as possible the decayed structure and introducing a mass of material which shall bridge right across from one tooth to the other, or, in other words, to proceed as if only one cavity presented. For this purpose gutta percha offers the best hopes of success; in using it it will be prudent as a preliminary measure to guard against the possibility of its being jammed down on the gum—a contingency which may be avoided by clearing the space between the teeth at this point, or better still, by adopting the method suggested, I think, by C. N. Johnson, viz., placing over the gingival septum between the cavities a small piece of German silver, whose ends rest on the edges of the opposing cavities. *Simple cavities*, or cavities limited to smaller areas, may with advantage be filled

with amalgam, or oxyphosphate of copper. *In living teeth whose margins are thin* our only hope, and that a slender one, is oxyphosphate of zinc.

Teeth whose pulps are either threatened or actually exposed, should be protected by placing over the tender areas a few shreds of cotton-wool charged with eucalyptol, capping this and completing the filling as usual. (The eucalyptol being a solvent of rubber, assists in maintaining the filling in position.) In the whole of my experience, I have never once resorted to arsenic for the purpose of devitalizing a temporary tooth. In cases where acute pulpitis is present, the removal of débris by syringing, followed by the application of eucalyptol or oil of cloves, is all sufficient. When the pulps of temporary teeth die under fillings, they do so quickly and without much increase to the sufferings of the small patient. *Foul pulps* are best treated by first removing the offensive material, and filling the cavity and roots with asbestos fibre, worked into a moderately stiff mass, with oil of cloves and aristol, a gutta percha seal completing the filling.

*The care of the permanent teeth of children* presents the most important, and at once the most fascinating, problem in the whole domain of dentistry. Let me in the first instance confine my observations to the management of those teeth the most prone to decay, viz., the first permanent molars, merely prefacing my remarks with the statement that it is over this particular tooth that the most conflicting opinions continue to be expressed, both within and without the literature of our profession. These teeth are erupted at a period when the growth of the jaws is most active, the mandibular tooth, preceding, by a few months, the eruption of its opposing fellow, interlocks with this, and establishes that normal relation in the arches by which space for the upcoming teeth is guaranteed. The early loss of this tooth, therefore, may be fraught with the most disastrous consequences. Let us suppose a case in which these teeth have been removed prior to the eruption of the teeth immediately in front and behind. What is the result? The jaws, with the normal sustaining force gone, become approximated, the bite becomes shortened, and the lower incisors, permitted as they now are to strike on the labial aspect of the corresponding teeth in the maxillæ, cause these latter to project forward, thereby considerably altering the facial outlines, but even if this untoward result does not happen there remains the almost certain chance, owing to the mesio-lingual tilting of the second molar, of a complete disorganisation of the bite. I am aware that some authorities regard the removal of this tooth under certain circumstances in the light of a beneficent operation, but I have yet to see a case where this line of practice having been adopted, malocclusion in greater or lesser degree has not followed. The weight of opinion is distinctly in favour, for the reasons which I have briefly enunciated, of retaining these teeth at all hazards. The questions, therefore, which naturally suggest themselves are.—How is this result to be accomplished? How shall the cavities be prepared, and upon what filling material shall our choice fall?

Seen early enough, caries of the first permanent molar is found, in by far the greater number of cases, to commence at the meeting point of the sulci, by which the grinding surface of this tooth is intersected. In many instances it is to be noticed almost as soon as the tooth has appeared through its gum covering, when the slightest touch of the instrument is productive of intense pain, and when the most we can hope to do is to imperfectly remove the softened dentine, and insert some substance with which to counter the advancing disease. It is here that osteo-plastics offer us the best assistance. The difficulty is the control of moisture. As a rule this can be surmounted as follows: the cavity having been prepared, a loose cloth in the form of a roll is quickly passed around the offending tooth and is held tightly in place with the finger and thumb of the left hand, the cement previously mixed is conveyed into position under considerable pressure (remembering always that the pressure factor in the introduction of cement fillings, contributes considerably to their longevity), and the whole varnished with sandarac. At the best, such fillings as these are of temporary service only to their possessors. They will need constant supervision and probably frequent renewal, but they are the only means to hand. "Where needs must, etc."

In shallow cavities when great tenderness is present, the application of silver nitrate to the exposed dentine may prove of the greatest help. It can be applied in two ways:—

1. If the cavity be deep enough to admit it, in the form of asbestos fibre soaked in a concentrated solution of the salt and protected by a seal of gutta percha, or—

2. Directly on an improvised caustic holder made by attenuating a piece of irido-platinum wire and fusing on to one extremity (the other should be secured in a handle) of this a few crystals of the salt. In addition to its value as an obtundent, silver nitrate is claimed to

have an inhibitory influence on dental caries. Whether this is so or not is a matter open to discussion, but, seeing that copper sulphate undoubtedly posseses some such modifying action, it may reasonably be inferred that other metals of the same group exert a like commission.

Much diversity of opinion exists as to the management of simple occlusal cavities in these teeth. Those who subscribe to the dogma of the "Extension for Prevention" school would probably insist that, even if the actual area of disease be circumscribed and restricted to the centre of the occlusal surface, the sulci should be obliterated and merged into the general cavity, urging that by so doing the risk of a recurrence of decay at the cavity margin is thereby reduced to a minimum. But this argument may be met by the statement that if a recrudescence of the disease does set in it happens some years later, when the patient's fortitude to withstand prolonged operations shall have been better established. For the latter reason I advise that *small cavities* occurring in the situation under consideration should, whenever possible, be filled with gold. More *extensive hollows*, uncomplicated with great tenderness or threatened with exposure, may with advantage be treated with copper amalgam. I am convinced, from a close observation during many years of its effects, that this much-maligned article is of inestimable service in the conservation of the teeth of children. Its ease of application, its antiseptic and non-contractile properties, all combine to make it an ideal filling in such cases as these; but I would have you understand that its use should be entirely restricted to the masticating surfaces of the teeth of our young patients, and then only under the conditions and circumstances to which I have alluded.

*Approximal cavities* in front teeth need to be filled at the outset with gold, remembering, however, what I have already expressed in regard to the lengthened duration of these operations, it may be advisable, in the first instance, and as a temporary expedient, to fall back upon one or other of the osteoplastics.

In cavities similarly placed as affecting the molar or bicuspid teeth, our chief reliance should be placed on silver-tin amalgam, though with improving methods in the technique of porcelain this substance will probably in the near future largely supplant the materials in common use at the present day, with benefits which cannot fail to be shared by patient and practitioner alike.

## Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Clinical Surgery, by Sir Alfred Fripp, on Friday, June 9th, and on June 16th by Mr. Steward.

Clinical Medicine, by Dr. Fawcett, on Wednesdays, June 7th and 14th.

Clinical lecture by Mr. Brailey, on Monday, June 5th.

# THE HOSPITAL APPEAL.

## Fifth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... | 46,967 | 5 | 6 |
| Smith's (Kensington Estate) Charity ... | 500 | 0 | 0 |
| Messrs. Kleinwort, Sons & Co. ... ... | 250 | 0 | 0 |
| The Worshipful Company of Grocers ... | 250 | 0 | 0 |
| Archibald W. Merry, Esq. ... ... ... | 250 | 0 | 0 |
| The Proprietors of Hay's Wharf ... ... | 100 | 0 | 0 |
| Guy's Hospital Ladies' Association ... ... | 100 | 0 | 0 |
| Anonymous ... ... ... ... ... | 100 | 0 | 0 |
| Ashley Stables, Esq. ... ... ... ... | 50 | 0 | 0 |
| North British Locomotive Co., Ltd. ... | 25 | 0 | 0 |
| "H. B." ... ... ... ... ... .. | 25 | 0 | 0 |
| H. W. Marshall, Esq. ... ... ... ... | 21 | 0 | 0 |
| The Hon. Mrs. Farquhar (Collection) ... | 20 | 0 | 0 |
| Further Amounts under £20 (including Contributions to Million Shilling Fund up to the 31st ult.) ... ... ... | 353 | 18 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £49,012 | 3 | 6 |

## Change of Address.

Mr. T. Scott Foster, L.D.S., from Guy's Hospital, to "Braemar," St. Helens Parade, Southsea.

Mr. A. R. Durant, L.D.S., from Guy's Hospital, to 10, Dunsmure Road, Stamford Hill, N.

Mr. A. J. Makepeace, L.D.S., from Hertford Chambers, Hertford Street, to 22, Warwick Row, Coventry.

Dr. C. C. Stead, from Moor Lodge, Hawkhurst, to Ulcombeden, Hawkhurst, Kent.

Mr. D. G. Wearing, L.D.S., from Guy's Hospital, to Castle House, Cirencester.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Fifth List of Collections.

(Received up to Wednesday, May 31st, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 40,233 |
| Archdale, Miss A.—Capt. A. Lee ... ... ... | 30 |
| Ash & Co., Messrs. (252s.)—Messrs. J. Spicer & Son, 20; Messrs. Dixon & Roe, 21 ... ... | 41 |
| Atkinson, Dr. T. R.—Mrs. and Miss M. Adams, 2; W. King, 1; Collection, 9 ... ... ... ... | 12 |
| Badcock, Miss (1s.)—Miss Forty ... ... ... | 1 |
| Baldwin, Dr. F. B. J.—Collection ... ... ... | 10 |
| Barron, Miss—A. J. Barron, 3; per A. J. Barron, 5; Mrs. Barron, 2; Mrs. E. Beasley, 5 ... ... | 15 |
| Barton, T. H.—Mrs. Reay ... ... ... ... | 10 |
| Beck, Miss (8½s.)—Mrs. Ralph Vivian ... ... | 10 |
| Beckwith, F. H. (66s.)—Mrs. J. S. Williams, 24½; Mrs. Williams, 30 ... ... ... ... ... | 54½ |
| Beeby, Mrs.—F. Pawlett, 1; Anon. 1; J. L. Cook, 1; Mrs. Flack, 1 ... ... ... ... ... | 4 |
| Bell, Sister—B. Mitchell, 5; Miss Violet Edleston, 3 ... ... ... ... ... ... | 8 |
| Bell, A. O. (26s.)—Collected by Mrs. Bell ... ... | 32½ |
| Bellis, Miss (10s.)—Mrs. Hovel ... ... ... | 1 |
| Bisshopp, Dr. F. R. B. (285s.)—Rev. R. Bull, 21; Mrs. S. J. Curtis, 100 ... ... ... ... | 121 |
| Blanche, Sister (153½s.)—Miss J. A. Whitaker ... | 21 |
| Blower, Miss G. E.—Miss E. Reeves ... ... | 5 |
| Bonser, Miss—H. Bonser ... ... ... ... | 10 |
| Brown, Miss A. (30s.)—W. Osborne, 10½; John Horrell, 1 ... ... ... ... ... ... | 11½ |
| Browning, S. H. (5s.)—Mrs. Lewer ... ... | 5 |
| Byrne, Miss J.—J. M. Byrne ... ... ... | 6 |
| Calhaen, Miss (1s.)—A. L. G., 1; H. G., 1 ... | 2 |
| Carlyll, H. B. (10s.)—Miss Gale, 5; W. A. Hepburn, 10; E. W. Arundel, 10; J. E. Tustin, 20; F. D'Iffanger, 21 ... ... ... ... ... | 66 |
| Clinical, Sister—M. G. H., 5; D. H., 2½ .. ... | 7½ |
| Corsan, Mrs.—Miss A. Bone, 1; Miss Corsan, 1; Mrs. Corsan, 1; M. T. Goldup 1 .. ... ... | 4 |
| Collins, Miss (45s.)—C. W. Broer, 1; C. Collins, 1; Miss M. Forbes, 2 ... ... ... ... ... | 4 |
| Corin, H. J. (10s.)—Anon. ... ... ... ... | 6 |
| Crew, Dr. John—Mrs. Maughan ... ... ... | 10 |
| Crowe, Miss E. L. (2s.)—Miss Crowe, 1; Mrs. T. C. Crowe, 2 ... ... ... ... ... ... | 3 |
| Davies, Miss E. M. (5s.)—Miss A. Dewick ... | 21 |
| Day, Dr. T. M.—Miss Violet Balfour ... ... | 5 |
| Delamere, Miss—Miss Whish, 1; Miss O'Bryen, 1; Mrs. J. F. Browne, 1; Mrs. Fitz-Herbert Alleyne, 1; Mr. and Mrs. Knox Wight, 2 ... | |
| Carried forward ... | 40776 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 40776 |
| Digby, K. H.—Mrs. Kelk ... ... ... ... | 10 |
| Dorcas, Sister (149½s.)—per Mrs. Groome, 7½; Mrs. Bayliss, 10 ... ... ... ... ... | 17½ |
| Dottridge, Miss (10s.)—Mrs. Ashton Gwatkin ... | 5 |
| Durham, Frederic, F.R.C.S. ... ... ... | 20 |
| Du Santoy, Miss (25s.)—Lady H. Ferguson, 1; The Ladies Patricia, Ursula, Doris, and Hermione Blackwood, 4 ... ... ... ... | 5 |
| Edmonds, Miss H. (21s.)—J. H. Deakin ... ... | 10 |
| Elcum, Lt.-Colonel, M.D. ... ... ... ... | 105 |
| Evans, Miss C. E.—D. Houstoun, 2; Miss C. E. Evans, 2; E. J. Glanley, 2... ... ... ... | 6 |
| Exshaw, Miss ... ... ... ... ... ... | 12 |
| Felton, R.—Anon. 22; Mrs. Felton, 21; E. F. Field, 2½; E. E. Ferens, 8... ... ... ... | 53½ |
| Fenn, F. J. (25½s.)—N. L. Hopkinson ... ... | 5 |
| Fisk, Dr. E. ... ... ... ... ... ... | 132 |
| Fuller, F. H. (5s.)—Nurse E. Cooke ... ... | 10 |
| Galabin, Mrs. (10s.)—Misses Burgoyne ... ... | 60 |
| Gibson, Dr. J. H. (66s.)—White House Collection | 40 |
| Giles, F.—L. J. Giles, 5; Miss E. Giles, 2; J. J. Giles, 8; Miss A. Giles, 5 ... ... ... ... | 20 |
| Golding-Bird, Mrs. (423s.)—E. B., 21; Anon. 10; A. Davidson, 5; Miss Edytha Reynolds, 15; Mrs. E. Baber, 5; Mrs. Baber, 5; J. A., 33½; M. M., 10 ... ... ... ... ... ... | 104½ |
| Hall, Miss J. (47s.)—Dr. J. S. H. Walker, 10; Miss Mabel Orridge, 10 ... ... ... ... ... | 20 |
| Heffer, Miss (4s.)—Miss Churchman ... ... | 1 |
| Henderson, H. J. (45s.)—Collected by E. Lardner, 10; A. E. Bowen, 20; Collection, 13½ ... ... | 43½ |
| Hewetson, Capt. H., R.A.M.C. (150s.)—Mrs. Appleton ... ... ... ... ... ... | 10 |
| Hickman, Dr. H. V. (42s.)—Miss Broad ... ... | 3 |
| Hilton, Mrs.—A. R. Clarke ... ... ... ... | 1 |
| Hole, K. H. (17s.)—J. A. Smith ... ... .. | 5 |
| Hopson, Guy—Mrs. Stradling, 21; Mrs. J. H. Hopson, 10½ ... ... ... ... ... ... | 31½ |
| Jenkinson, Mrs. (5½s.)—Miss M. E. Watt ... | 1 |
| Joseph, Miss Laura ... ... ... ... ... | 105½ |
| Joyce, Miss (21s.)—Miss M. Semark ... ... | 10 |
| Joynt, E. P. H.—F. R. Joynt, 5; P. Pate, 5 ... | 10 |
| Mrs. Karpeles (1,221s.)—S. Rosenfeld, 63; J. Farey, 5; A. J. Farmer, 2; Miss Elsie Clarke, 1; Major Lewis-Barnett, 21; Mrs. Blick, 1; Mr. J. Duvellerey, 2; George A. Heath, 5; Messrs. Krehne & Seseman, 5; T. H. Moon, 2; Mr. Davison, 2½; J. L. Fenwick, 10; Albert Cowper, 10; Mr. M. Collins, 21; Messrs. Catchpole & Williams, 10; Miss Howell, 1; Mrs. M. Cooper, 3; Messrs. Perry & Co., 5; Fine Art Society, 1; Messrs. Parkins & Gotto, 5; W. H. Baily, 1; Mrs. James, 11; Mrs. G. Dyne, 9; Messrs. Faulkner & Sons, 2; Sidney R. Chesterton ... ... ... ... ... ... | 199½ |
| Kernahan, Miss (10s.)—A. E. Johnston, 1; George A. Dick, 2 ... ... ... ... ... ... | 3 |
| Knight, Miss A. (7s.)—Mrs. Gibbs ... ... ... | 21 |
| Laidlaw, P. (13s.)—J. M. Houldsworth, 200; Miss MacEwen, 5; A Friend, 5... ... ... ... | 210 |
| Latham, Miss E. M.—Anon., 7; G. J. Phillips, 1; Miss L. Phillips, 1; W. A. Phillips, 1 ... ... | 10 |
| Lawson, Dr. G. L. (2½s.)—Miss Miller ... ... | 20 |
| Leedham, Miss (43s.)—Miss E. M. Henderson ... | 4 |
| Leeming, A. N. (48s.)—Miss A. M. Lamfrey ... | 5 |
| Leverton, Miss—Mrs. Michell, 3; Mrs. Jaques, 3; Miss Ellis, 5; Collection, 9; Miss Jago, 12 ... | 32 |
| Carried forward ... | 42137½ |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 42137½ |
| Leycester, Mrs. (15s.)—Miss F. Carr ... ... | 16 |
| Lloyd, E. (4s.)—A. Plater ... ... ... ... | 5 |
| Luke, Sister (55s.)—B. Barton, 35; Frank Buck, 21 | 56 |
| Lydia, Sister (89s.)—Anon. ... ... ... ... | 3 |
| Maggs, Mrs. (29s.)—Miss F. Wyatt ... ... | 20 |
| Martha, Sister (30s.)—Miss D. Pocock ... ... | 3 |
| Martin, Miss (3s.)—Miss Martin ... ... ... | 11 |
| Mary, Sister (9s.)—M. White ... ... ... | 21 |
| May, W. N. (101s.)—Mrs. Hubert May ... ... | 21 |
| Millar, Miss (54½s.)—A. B. C., 21; Mrs. F. G. Talbot, 5 ... ... ... ... ... ... | 26 |
| Millar, Miss A. (145s.)—X. Y. Z., 21; Mrs. Percy Talbot, 2½ ... ... ... ... ... ... | 23½ |
| Milton, E. F.—L. G. M., 3; E. S., 1; S. F., 1 ... | 5 |
| Mitford, Miss (212s.)—P. Robertson Rodgers ... | 105 |
| Moule, Miss E. (5s.)—Miss M. Snelling ... ... | 20 |
| Naaman, Sister—Miss Wiskin ... ... ... | 1 |
| Nicholls, Dr. F. J. (20s.)—Anon., 5; Major North, 40; A. E. Latter, 20 ... ... ... ... | 65 |
| Norton, E. L. R.—Mrs. Norton ... ... ... | 20 |
| Ollendorft, Miss—Anon. ... ... ... ... | 14 |
| Parker, Dr. F. H. (2s.)—Colonel E. W. Cunliffe, 20; M. L. P. Crozier, 21 ... ... ... ... | 41 |
| Parkins, Miss—Collection ... ... ... ... | 8 |
| Patience, Sister (83s.)—A. M. W., 2; Miss J. Bucknall, 10 ... ... ... ... ... ... | 12 |
| Pryke, Miss (15s.)—W. Neufander ... ... ... | 10 |
| Pulbrook, Miss (5s.)—Edgar Pulbrook ... ... | 84 |
| Puzey, C., F.R.C.S. ... ... ... ... ... | 40 |
| Queen, Sister (132s.)—Mrs. MacKenzie ... ... | 20 |
| Rainbow, Miss H. K.—K. Q. Ward ... ... | 12 |
| Reeves, Dr. J. K. (18s.)—M. Malcolm ... ... | 1 |
| Reynolds, Dr. John (47s.)—Miss N. Church, 1; Mrs. S. Mackness, 5 ... ... ... ... | 6 |
| Ritchie, Mrs.—P. D. Wright, 2; W. R. Ritchie, 3; Dr. W. G. Thorpe, 1 ... ... ... ... | 6 |
| Robinson, Dr. G. C. F. (5s.)—Lady Robinson 21; Miss E. Shapter, 10½; Phillip E. Newton Robinson, 10½ ... ... ... ... ... | 42 |
| Robson, Dr. W. M.—Dr. D. Brewer, 2; W. M. Robson, 10; J. H. Whitaker, M.D., 2; H. M. Pereire, M.R.C.S., 2; Mrs. J. S. R., 5 ... ... | 21 |
| Rodgers, R. (20s.)—Mr. J. Nickinson ... ... | 5 |
| Rowell, Miss M. E. (66½s.)—Mrs. Hern ... ... | 2½ |
| Ruth, Sister (Miss Edgecumbe) (1,148½s.)—Mrs. L. Sweeting, 8½; Miss M. J. Leaf, 21; Miss Hickes, 20; Mrs. West, 13; Miss H. A. Jenkins, 18; James Malone, 50 ... ... ... ... ... | 130½ |
| Scales, J. E. (100s.)—Anon. ... ... ... ... | 3 |
| Schnittger. Miss (4s.)—M. F... ... ... ... | 1 |
| Sharp, H. V. (20s.)—A Friend ... ... ... | 6 |
| Shaw, Mrs. Lauriston—Mrs. Armstrong ... ... | 20 |
| Silverwood, Miss S. (12s.)—Anon., 20; Mrs. S. D. Simkins, 5 ... ... ... ... ... ... | 25 |
| Spon, Dr. H. G. (1s.)—Miss M. Parrett ... ... | 20 |
| Steele-Perkins, Dr. G. (1s.)—Mrs. Hardy, 4; A Friend, 1 ... ... ... ... ... ... | 5 |
| Targett, J. H., M.S. (168s.)—Mr. and Mrs. J. G. Lewis, 20; Miss Lewis, 5; W. Connell, 10 ... | 35 |
| Taylor, Miss L. M. (31s.)—Anon., 6; Anon., 1; A Friend, 10; W. P. Raynor, 21; A Friend, 2... | 40 |
| Taylor, Mrs. Frederick (114s.)—Mrs. R. Lawson, 1; Miss Powell, 1; Mrs. E. W. E. Horsley, 5; Miss Thorne, 21 .. ... ... ... ... | 28 |
| Trethowan, W. H.—B. Barton ... ... ... | 20 |
| Carried forward ... | 43217 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 43217 |
| Tubbs, Miss E. M.—E. J. S., 13; T. Blackman, 5 | 18 |
| Tubbs, Miss E. F.—E. D. S., 13; Maurice Yates, 1; Harold Yates, 1; Herbert and M. Yates, 11 | 26 |
| Turner, T. (65s.)—E. N. A., 1; D. F. Aldenow, 1; R. A., 1; M. A., 1 ... ... ... ... ... | 4 |
| Vandermin, H. F. (110½s.)—Collection ... ... | 26½ |
| Wacher, G. (20s.)—T. F. ... ... ... ... | 1 |
| Walker, Miss A. L. (3s.)—T. N. Miles ... ... | 1 |
| Wallace, Dr. R. Unthank—Mrs. Snowden, 10; Anon. 3; Dr. R. U. Wallace, 21 ... ... ... | 34 |
| Ward, Mrs.—Collection ... ... ... ... | 10 |
| Waterman, Miss (176s.)—T. Moody ... ... | 2½ |
| Wells, Mrs. C. H. (597s.)—Miss Alice M. Fyfe ... | 55 |
| Williams, Henry (10s.)—F. Snowden, 105; Anon. 100; E. Culver, 100 ... ... ... ... | 305 |
| Wood, Miss (21s.)—Miss A. Zimmen ... ... | 5 |
| Woodhead, Mrs.—Miss G. & Miss A. Woodhead, 2; Mrs. Vigors, 1; Mrs. Woodhead, 2 ... ... | 5 |
| Worger, Dr. R. G. ... ... ... ... ... | 21 |
| Wrenford, Miss M. M.—Collection, 3; Miss E. Randall, 18 ... ... ... ... ... | 21 |
| **Students' South London Collection** ... ... | 1475 |
| | 45,227 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 1,422 |
| TOTAL (up to 31st ult.) ... | 46,649 |

## Students' Collection in Brockley and Lewisham.

At the Meeting of the House Committee, on Thursday last, the Treasurer reported that a Body of Students of the Medical and Dental Schools had, on their own initiative, made a voluntary canvass on the 17th ult., of some 3,000 Residents and Tradespeople of Brockley and Lewisham, in the cause of the Hospital, and that their efforts had been rewarded up to date by the sum of £73 15s. 0d., whereupon it was unanimously resolved:—

"That the warm thanks of this Committee be accorded to the Students for their generous action, and that they be assured their kind and practical recognition of the needs of the Hospital is deeply appreciated by the Governors."

# Appointments.

## Civil.

HODGSON, STANLEY, M.D., B.S. Lond., M.R.C.S., L.R.C.P., has been appointed Honorary Physician to the Pendleton Branch, Salford Royal Hospital.

## Naval.

Staff Surgeon A. E. KELSEY, R.N., is appointed to the *Latona*.

# Obituary.

## Herbert W. Brown, M.B. Lond.

Obiit, May 13th, 1905.

By the death of H. W. Brown at the early age of 27 Guy's has lost one of the best of a class of men who in quiet and unobtrusive but sure ways do credit to their hospital and make her name honoured wherever they work.

Entering the dissecting room of Guy's in October, 1896, after finishing his Pre. Sci. work at the Hospital, he was from the first respected by his contemporaries for his thoroughness, and, as he became better known, was correspondingly liked by those who came in contact with him. He entered the wards in July, 1899, as ward clerk under Mr. Golding-Bird, passed thence to the medical wards where he worked under Dr. Pitt and Dr. (now Sir E. C.) Perry, whilst as assistant surgeon's dresser he belonged to the first firm that Mr. Steward had when fifth assistant surgeon. Mr. Golding-Bird's firm again saw him as dresser. In October, 1901, he passed the M.B. Lond., and in the following April became clinical; this was followed by assistant house-surgeon to Mr. Dunn, and was fittingly followed by six months as house-surgeon in the same wards in which he had been successively ward clerk, dresser and assistant house-surgeon. After finishing his house appointment, Brown went to the Branch Seamen's Hospital as house-surgeon, and after working there for a year was appointed R.M.O. at the Kasr el-Ainy Hospital, Cairo. That he won the appreciation of the authorities at Cairo is shown by the fact that in the absence of one of the physicians he was given control of his beds. His letters, written in a style that reminded one so well of his conversation, were hopeful and anticipatory of future success, so that it came as a sore blow to his many friends when, without warning of evil, came the announcement of his death. For the greater part of his illness—typhoid fever—he was doing well, his temperature falling and everything pointing to an early convalescence when pneumonia supervened and rapidly proved fatal.

The writer cannot attempt to analyse his character, for he was too close a friend, but there can be no doubt in the minds of those who best knew him that Brown was a man much above what may be called the ordinary "good man" of the hospital. Quiet, unobtrusive, and avoiding all show, he yet by his personal charm won the regard of all who met him, and when in our hospital life we sometimes forgot our medicine and talked of things outside our daily work, one was surprised to find what a deep knowledge of men and books our friend possessed, although more and more we saw the explanation of that wideness of his mental view, that personal charm of manner which made his friendship so valued. Knowing him from the very first days in the dissecting room, working on the same firm as a ward clerk, as his colleague in clinical and at the Residents' table, the writer remembers a man who honestly and quietly did his best, and that best was such that in its performance respect was given by all.

W. H. B.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## The Evolution of the Mind.

DEAR SIR,—In your issue of May 6th, you publish a criticism of a paper I read before the Physical Society. In his first paragraph my critic delivers a terrific blow at the whole theory of evolution. "Some [Doctrines of Science] are potent for evil," he says, . . . "chief of these is the doctrine of evolution." I cannot suppose that Mr. Penny intended this remark seriously; nor indeed some of the subsequent passages with which I shall not deal.

If I may trespass on your valuable space, however, I should like to reply to his other criticisms:—

1. Mr. Penny attacks me for admitting how little is known, and at the same time advocating an explanation. Surely lack of complete knowledge does not debar us from framing a theory to account for what we do not know. A *scientific* theory is capable of being remoulded by the growth of knowledge.

2. The weakness of one of my illustrations—not arguments—was pointed out in a footnote to the paper. I am indebted to Mr. Penny for kindly expanding that footnote, albeit rather at the expense of its meaning.

3. Because I spoke of consciousness as a quality of evolving matter, I am told that it must have been present all along the line. But I did not speak of it as a *fundamental* quality of evolving matter. Indeed the whole trend of the paper went to show that consciousness was only a particular quality of matter present at a certain stage of evolution.

4. If, Mr. Penny says, in effect, the drunkard is the product of his surroundings, at least his sudden conversion "cannot be accounted for on that view." Yet if Mr. Penny considers the psychology of conversions he will observe that the drunkard usually has a weak unstable mind liable to quick emotional changes, and further that the agent is not far to seek in the sudden arousal of a superstitious fear, or the hypnotic influence of a revival, or, but alas less frequently, the circumstantial birth of feelings of social morality.

In an earlier paragraph I notice that Mr. Penny not inaptly presents himself as the champion of "the beliefs of our childhood."—Yours truly,

KENELM H. DIGBY.

# Papers by Guy's Men.

A Case of Psoriasis Diffusa (illustrated). By Wheelton Hind, M.D., F.R.C.S.—*Lancet*, 27th May, 1905.

A Case of Compound Depressed Fracture of the Skull: Cephalo-tetanus: Recovery. By W. H. Jalland, F.R.C.S.—*British Medical Journal*, 20th May, 1905.

# Hampstead Scientific Society.

A paper read before the Natural History Section, on Friday, the 12th May, 1905, by SIR SAMUEL WILKS,

## ON AMBIDEXTERITY.

GENTLEMEN,—I should like first to remind you that the body is made up of two halves, and that many organs, especially those of the senses, are double. These being on the two sides are differently influenced, and so we gain a larger knowledge of the external world as well as a greater freedom of action. The value of possessing two sides is therefore more than that of simply doubling their activity. The sense of touch, when used for feeling different parts of an object, gives us the idea of extension and space. The eyes, when looking at a solid object before them, receive different impressions, and, if corresponding pictures of these be made and placed side by side, we have a stereoscopic copy of it. In a similar manner a simple stethoscope conveys a sound to the ear which is used, but the binaural instrument combines the two, and the sound is heard at the spot whence it proceeds. So with the movement of the arms, not only does each hand feel for itself, but the different muscular movements of the two sides are intended to give us a more complete action of the whole body. Just as the senses do not give the same impression as the two combined, so in like manner the muscular movements on two sides being different give us a much wider extent of activity. If you look at the dissected chest and arms on the diagram, you will see that the muscles on each side correspond to one another in every respect, and, if you dissected deeper, you would also see that the nerves which stimulate them to action also correspond in the same exact manner; and these again then proceed upwards to like portions of the two hemispheres of the brain. So the two machines (if you so call the limbs) correspond in every particular and perform corresponding movements, but each is fixed in its own position, one on the right side and the other on the left, so that their functions are naturally restricted to their own side. The limitation varies, but there are some movements on one side which could not possibly be made to resemble those of the other. This you will better understand if you roll your arms round one another. When in front they may make a line almost perpendicular, but, as each rolls outwards, one makes curves slanting to the right, and the other makes curves slanting to the left, the angle between them constantly increasing, until, when the arms are fully extended on each side, they form a straight line with one another. A string held between them would be tightened by being pulled in opposite directions. The opposition would be found also if they were thrust towards each other by the exactly corresponding muscles, so that parts of a box which each hand held would be shut. It is evident that the two arms could not act in the same direction. If you now write your name in the usual way by commencing with the pen in the median line and carrying it to the right, and then commence at the same spot and with corresponding muscles make a similar movement to the left, you will find that you are writing backwards, or doing what is called mirror writing. This is the writing which a person naturally does when he loses the use of his right arm, or a left-handed person like Leonardo da Vinci. As this would be unintelligible to most of us, it is necessary for a person who is thus lamed to imitate the usual writing, letter for letter. This takes a long time to accomplish, as it brings into use another set of muscles, with their special movements, although very quickly learned by children like any other gymnastic exercise. Another instance where we are obliged to copy the exact movement of the right hand with the left (if we have unfortunately lost the use of the former) is the use of the corkscrew. This obliges a very awkward movement by making the two bones of the forearm cross one another. There are, fortunately, only three ordinary processes or motions which require an exact copying of the right hand by the left, the screw, handwriting, and pianoforte playing. The last mentioned, which is a most unnatural process, is taught by mistresses amidst tears and scoldings, in the same way that a child is made to learn some unusual and unnatural gymnastic feat. Naturally, when the two sides of the brain work together to move the hands, and these are placed together side by side on the table, the thumbs go down in unison, then the forefingers, and so on towards the little finger. Every person naturally strikes his fingers simultaneously on the table in this manner. The child is taught not to do this, but the opposite, a most unnatural method, as the keys of the instrument all run in one direction from bass to tenor. So she must put down the left little finger with the right thumb, and so on through the whole of the fingers which do not correspond. Ordinary children spend hours a day practising this gymnastic feat; they seldom play well when they leave school, and then gladly give it up. In order to obtain the so-called accomplishment of playing the piano, which is no more than learning the notes and then striking the corresponding keys, children waste valuable time which might be given to more profitable work. When will educationists look to this very important matter? I have not come here to tell you how to cultivate your hands, but merely to show you what is the real meaning of the word "ambidexterity." It is simply doing with the left hand what we usually do with the right: that is, performing a similar action on the left side of the body to that which we usually do on the right. This however, is only required for the most familiar and domestic purposes, and is not to be recommended for any movement requiring great skill and cultivation. It would be a great waste of time to train another hand for the purpose, as in violin playing and even less artistic performances. No one would ever attempt it; and therefore there is little prospect of ambidexterity advancing much

beyond its present position. An ambidextrous surgeon should be able to use his scalpel with the left hand under certain circumstances. Everyone should be able to help himself from a dish with his left hand, to use scissors with the left hand, also cut a pencil, and shave himself on the left side. You will notice that in all these operations you are not doing the same thing, but with your left hand and arm you are doing similar things. You could not possibly, as in the case of handwriting, exactly copy the movements of the right. Nor would there be any purpose in it. The object of using the left hand is to do something different from the right. I much lament that anyone could have written a book on ambidexterity on such a false basis as that of writing with the left hand in imitation of the right. Very characteristically the author obtains a distinguished Major to write a preface, in which he maintains that soldiers should be trained to use the left hand, and then gives an example—his own handwriting with both hands, so well done that one is almost a fac-simile of the other. The Major cannot possibly drill his men in this manner; but it is a very good introduction to the muddle which runs all through the book.—*Hampstead and Highgate Express.*

## Guy's Hospital Ladies' Association.

THE tenth annual meeting of this Association took place on May 23rd, in the Court Room, Guy's Hospital. The Countess of Bective presided, and over one hundred members were present, including the Countess of Selkirk, Mrs. Benyon, Mrs. Cosmo Bonsor, Mrs. Pye-Smith, Mrs. Frederick Taylor, Lady Fripp, Lady Perry, and Lady Stevenson.

The COUNTESS OF BECTIVE, in opening the proceedings, said:—Mrs. Benyon and ladies of Guy's Hospital Association, I have been very glad indeed to come and take the chair to-day and to congratulate you all on your work during the first decade in the life of this admirable association. Ten years ago the idea of forming a Ladies' Association (for the purpose of taking up all sorts of much-needed work in connection with Guy's Hospital) was first put into practical shape by Mrs. Benyon and Mrs. Lauriston Shaw, who have been unremitting in their support of it ever since, and by Mrs. Randall Davidson, who presided at the first meeting when the Association was formed in 1894, and when about fifty members were enrolled. These numbers have steadily increased, until now over one thousand are represented by our eighteen branches, all of whom devote a considerable amount of time and trouble to whichever special work they have taken up in connection with the hospital. As regards their innumerable duties in the wards and elsewhere, I need not speak, but I should like to draw your attention to-day to one department of your Society's work, which plays so important a part in the comfort of the patients. I mean the making and collecting of that vast number of garments which are of such incalculable value, not only in the wards, but also for necessitous patients on their convalescence or their discharge from hospital. Probably no one but the matron and the sisters quite realise how urgently these are needed by the poorest of Guy's patients, persons whose own clothing is often unfit to retain until their discharge from the hospital, or is inadequate for the regulations of the convalescent homes where they are so often sent; clothing also for babies born *in* the hospital and for those children whose own clothes on entering were only fit to be destroyed. In looking over the report of 1904–5, one is immensely struck by the generosity and sustained effort which has brought about such good results, and which year after year includes the same untiring contributors whilst affiliating new ones. I am quite aware, ladies, that I am only telling many of you what you already know, but I do wish to emphasise the pitiful wants of Guy's patients, even while congratulating you on your year's work, because we of the executive committee are so anxious to enlist further support and a wider extension of our branches. We are encouraged to hope for this from the fact that during the last twelve months four new branches have been formed, namely, Banstead, Forest Hill, Guildford and Streatham. I will not encroach on this part of Mrs. Benyon's Report, but will only say this much, that whether your gifts go, as in many cases, to specially chosen wards, or whether they are left for distribution to the matron, you may feel certain that the most scrupulous supervision is exercised, and that nothing is given away unnecessarily. In fact, as many here know only too well, the one difficulty connected with the work of your association is that the vast necessities of this Institution outrun even your generous supplies. We all know the great increase in the numbers of patients which comes upon us here annually; we know that the greater proportion of them belong to the very poorest of London's poor, therefore we must recognise that every source from which support comes to us is of incalculable value, I may say of absolute necessity. Among those many sources, I have no hesitation in saying that the contributions from the Ladies' Association do indeed rank with the most important. To these generous friends, and especially to our invaluable branch secretaries, we can only offer our warmest heartfelt thanks. We know that their services and their time are ungrudgingly given to the very utmost limit, and of *them* we can indeed ask no more. But what I *do* plead for to-day is the formation of new branches during the coming year. I earnestly hope that the inauguration of the promised new branch at Southgate may be the forerunner of many others, and that the excellence of this year's report may arouse all the interest which it so richly deserves, that it may induce many old and new friends of this Institution to come forward and keep up in the future, as they have done in the past, its great name for benevolence and practical generosity.

Mrs. Benyon ("chairman" of the Executive Committee), in moving the adoption of the report, referred to the proposal to establish a branch for children, which she hoped would be carried into effect.

The Hon. Secretary, Mrs. Lauriston Shaw moved some alterations in rules necessitated by the latter proposal, and the Matron, Miss Swift, in seconding the resolution, referred to the fact that out of every 600 patients at Guy's, 200 were under 14 years of age, and cordially welcomed the scheme.

A very hearty vote of thanks to the Countess of Bective, proposed by the Countess of Selkirk, brought the proceedings to a termination, after which the members adjourned for tea. Subsequently small parties were conducted round the wards and other places of interest by some of the hospital sisters.

## Specialities.

### Ophthalmic Capsules. (Duncan.)

Duncan's Ophthalmic Capsules are intended to meet the requirements of the Ophthalmic Surgeon, who frequently requires to prescribe a short treatment of an Ointment.

These Capsules are prepared with the finest plastic Gelatine, and after being filled with an Ointment are hermetically sealed. They are pear-shaped, with a long tapering neck, which at once distinguishes them from the ordinary medicated Capsules. In using them, all that is necessary is to snip off the extreme end of the *long neck with scissors and to give a very gentle pressure*, when the Ointment will at once exude. Being made of a soft pliable Gelatine they are not liable to scratch, or in any other way injure the eye, and also keep the Ointment in an aseptic condition, as no more than the quantity necessary for use becomes exposed to the air.

### Frame Food.

We have recently received samples of this Food and a jelly made from it—the latter of which is most palatable, tasting exactly like greengage jam.

In view of the importance of cleanliness in the preparation of Foods for Infant-feeding, one naturally concludes that those concerned in their manufacture will take care that such matters have their first consideration. This is particularly so with regard to Frame Food preparations. The Frame Food Co., to cope with the enormous demand for their productions, have recently erected a fine factory at Southfields, the arrangement of which is quite original and most scientific in every department. New machinery for the exceptional and careful methods employed in the manufacture of Frame Food has been devised and erected. The water is obtained from a specially sunk artesian well some five hundred feet deep, and glazed pure white bricks are used in lining all the interior walls, so that the environment of the Food from its manufacture to its delivery is absolutely clean.

## Pass List.

### Royal College of Surgeons of England, May, 1905.

FINAL FELLOWSHIP EXAMINATION.

E. M. Pilcher, O. W. Richards, C. B. Thomson.

PRIMARY FELLOWSHIP EXAMINATION.

K. H. Digby, C. W. Greene.

FINAL EXAMINATION FOR THE LICENCE IN DENTAL SURGERY.

Parts I. and II.—*A. W. Parrott, *H. Snell, *R. G. Heegaard Warner, *D. G. Wearing, *R. G. Yates.

Part I. only.—F. J. Cutler, J. A. Bowes, W. T. Dean, W. J. P. Dicks, W. Elwood, R. P. Fenn, J. McBride, F. J. Messer, P. V. G. Pedrick, T. L. Smith, *W. W. Vaughan.

Part II. only.—*A. B. Cocker, *W. E. Cook, *A. R. Durant, *A. Alan Forty, *T. Scott Foster, *F. Holcombe Fuller, *W. A. Helyar, *F. A. Husbands, *N. McL. Nibbs, *H. G. Pearce, *G. T. Simpson.

* Denotes completion of examination.

### University of London, May, 1905.

M.B., B.S., EXAMINATION FOR INTERNAL AND EXTERNAL STUDENTS.

Honours.—R. O. Williams (distinguished in Medicine, and in Midwifery and Diseases of Women).

Pass.—Evan Evans, R. Felton, F. M. Longson, G. H. Rees, M. de L. Robinson, F. T. H. Wood.

B.S. EXAMINATION.

Honours.—H. D. Smart.

Pass.—L. S. H. Glanville, F. L. Thomas.

SUPPLEMENTARY PASS LIST.

The following Candidates have passed in one of the two groups of subjects:—

Group I.—P. C. P. Ingram.

Group II.—I. R. Cook.

## Papers by Guy's Men.

A Regulating Chloroform Inhaler (illustrated). By A. G. Levy, M.D. Lond.—*Lancet*, 27th May, 1905.

# From the Gynaecological Wards.

IT would be well to refer to some points in the early diagnosis and treatment of carcinoma of the cervix. There are at present four cases of this disease in the ward. Two of these have been operated upon, while two are quite inoperable. One of the inoperable patients looks well and has few symptoms. She is 71 years old, and the growth has thus occurred on an atrophied cervix. In old patients the rate of growth is slow, but the absence of the vaginal portion of the cervix through atrophy, allows the growth to creep up the cervical canal, forming a so-called conical ulcer. The growth has therefore not far to infiltrate in order to invade the broad ligaments. This is what has happened. The rate of growth is so slow at this advanced age that the need for operation becomes a point for discussion, because this class of case suffers little in comparison with the younger patients. The other patient is in No. 6 bed. It will be seen that she looks very ill, and her temperature rises every night to 102°. There is a large fixed fungating growth of the cervix.

Out of a series of fifty cases of primary carcinoma of the cervix, only twenty were in an operable condition on admission. If these are added to the cases of recurrence after operation, the prognosis is anything but hopeful.

The only hope of bettering this serious outlook must lie in earlier diagnosis. It is useless to attempt to improve things by increasing the magnitude of the operations.

It is not difficult to explain why so many cases are inoperable when first seen. In some there may be no symptom of the disease till too late. In most cases, however, hæmorrhage is an early symptom, but unfortunately many women pay little heed to bleeding, unless it be a regular flooding.

To bring this point out more fully it would be well to look at the length of time hæmorrhage occurred before admission: —

In 15 cases there was hæmorrhage for less than 3 months
" 6 " " " 6 "
" 6 " " " 9 "
" 6 " " " 2 "
" 10 " " " over a year.

In a great number of cases there is without doubt a considerable period of bleeding before the patient presents herself for examination. All women who have borne children should be warned of the importance of subjecting themselves to a thorough examination if suffering from irregular bleeding round and about the menopause.

It will be seen that hæmorrhage does give warning in many cases, while pain is rarely an early symptom. In the few cases in which pain occurs as an early symptom the condition will most probably be found operable. In eight cases pain occurred as an early symptom, and five of these were operable. It thus seems clear that the only hope of bettering the prognosis is to make hæmorrhage a great danger signal among women, for its importance cannot be over exaggerated.

The history of pain is often unreliable, and if a woman comes up with constant sacral pain which may shoot down the thigh, she nearly always has an inoperable growth if carcinoma is the cause.

It is interesting to note that there is a marked difference in the time of onset of pain in cancer of the genital canal. In carcinoma of the body the pain occurs early, while in epithelioma of the vagina it is very late. This is one reason why in the former position the growth is most often operable, while in the latter almost invariably inoperable. The patient comes up when she has pain.

The diagnosis of carcinoma from other conditions is not often difficult, but an early diagnosis of a growth hidden in the cervical canal may give the greatest trouble. If there is any nodular thickening felt through the fornix, or if there is any hæmorrhage on examination, the cervical canal should be carefully explored with the curette or be exposed by an anterior incision, and the curettings examined under the microscope. Unfortunately it is seldom that very early cases come under observation, and the growth is only too easily apparent. If the growth is within operable limits, vaginal hysterectomy by the clamp method is the operation usually done. Even if there is a doubt as to the possibility of getting completely round the growth, it is best to make the attempt, because in doing so the vascular cervix is removed, as well as both ovarian and uterine arteries ligatured. This materially cuts off a great portion of the blood supply and renders the growth less rapid.

Many of the inoperable cases come up looking very ill, they have a high temperature and are in a septic condition. This is due to absorption from the sloughing mass in the vagina. Much can be done to relieve this septic condition. The fungoid material is scraped away with a curette till the hard base of the mass is reached, this removes the septic portion, and is often accompanied by severe hæmorrhage. The bleeding soon stops when the more healthy blood vessels are reached. The surface of the growth is then painted over with strong formalin, and a plug of gauze wrung out of weak formalin (1 in 500), is placed in the vagina. The plugs should be removed next day, and formalin douches given. No doubt a considerable amount of pain from which the advanced cases suffer is due to this septic condition. By this means the patient experiences considerable relief, the septic absorption ceases, the pain becomes less and the hæmorrhage is checked.

As a rule these distressing septic cases improve rapidly after this simple form of treatment has been adopted.

X-ray treatment may be tried, and is said to relieve the patient's suffering, to stay the rate of growth and even to effect a cure in some cases.

We have seen no good result from this treatment in advanced carcinoma of the cervix, and until the results

recorded are placed on a more scientific basis, it would be well to hesitate in giving a decided opinion as to the possibilities of X-rays. It might be suggested that those who record cases of successful treatment would make their case more complete if they obtained a microscopical section of the growth.

## Reviews.

*The price of books submitted for review should in every case be stated.*

*Diseases of the Stomach and Intestines.* By Boardman Reed, M.D. Pp. 1021. (Messrs. J. Wright & Co., Bristol.) 21s. net.

This is an English edition of a work published in America, and consists of a series of lectures delivered in Philadelphia, which contain many extracts from well-known writers and but little originality. The illustrations are very poor. Some are obtained from Sidney Martin's "Diseases of the Stomach," many are figures of instruments, and a few reproductions of photo-micrographs are quite worthless for insertion in a scientific book, especially those on pages 30, 35 and 42.

The striking feature of the book is the small amount of space devoted to pathology, which is almost entirely neglected in favour of clinical theories and mechanical aids to diagnosis and treatment. These range from electrical apparatus for viewing the interior of the stomach, to a method of massaging the colon by distending the stomach with air or fluid. The descriptions of such processes, though necessary for completeness, are given undue prominence. The pathology of gastric ulcer, on which treatises have been written by eminent authorities, is dismissed in one page, and no attempt is made to discuss the pathology of duodenal ulcers occurring after burns, though ten pages are devoted to "Treatment by Intragastric Electricity."

Full directions are given for case-taking, the necessary questions extending over all systems, in addition to the Alimentary, and the method of investigating a gastric disease—which is the best part of the book—is given in great detail, estimating the stomach contents and measuring the size of that viscus. We cannot agree, however, that diagnostic data can be obtained by an examination of fæces of importance equal to those obtained by an analysis of urine.

The author's predilection for electrical treatment and homœopathy is excessive, and considerably discounts the value of his book. Secondary static currents, we are told, are of considerable use in curing albuminuria, while podophyllin gr. 1/120 is given for diarrhœa, and cuprum arsenite gr. 1/1000 every 15–30 minutes for certain forms of intestinal colic.

Attention is drawn to the fact that intussusceptions are very often double, *i.e.*, starting as ileac and progressing as ileo-cæcal, but in the whole of the book only half a page is devoted to volvulus. The peculiarities of American spelling, such as *feces*, *skeptical*, *fibers* and *center*, will not predispose English readers in favour of a book wanting in many vital characteristics.

*The Principles and Practice of Asepsis.* By A. Styles Vallack, M.B., Ch. M. (Sydney). Pp. 105. (Messrs. Baillière, Tindall & Cox.) 2s. 6d. net.

In this work the author presents his opinions on the subject of Asepsis, which, though not original, are sound and not absurdly advanced. He draws attention to the importance of Tissue Resistance in determining the course of healing in a wound, and impresses on the reader that knowledge of its principles, rather than a slavish adherence to technique, is essential for the due preservation of Asepsis. As Mr. Vallack considers it is absolutely impossible to render hands sterile after they have once touched pus, he wears gloves in all *septic* cases, and insists on his assistants wearing gloves in *all* operations, while he isolates the patient's skin by stitching sterile napkins to the edges of the wound. Several useful hints are given, such as the substitution of lysol for soda as a preventive of rust in the steriliser, and we are given yet another method of sterilising catgut.

A book that dressers would do well to read before starting work in the wards.

*Errors of Refraction and their Treatment.* By Charles Blair, M.D. Pp. 103. (Messrs. John Wright & Co., Bristol.) 2s. 6d. net.

More books are written each year on this than any other branch of medicine, small as it is, and yet the number of medical men who understand the subject, and venture to prescribe spectacles still remains equally small. This work does not seem to differ much from its predecessors, though all details are well and carefully explained, especially—we may mention—the chapter on Retinoscopy.

*The Book of Prescriptions.* By E. W. Lucas, F.I.C., F.C.S. Pp. xvi. and 366. (Messrs. J. & A. Churchill.) 5s. net.

This is the eighth edition of Beasley's book, and has been extensively re-written and brought up to date, with an introduction by Arthur Latham, M.D. Though excellent in many ways, it is not ideal, and we still maintain that the perfect book on Prescription Writing—that bugbear of the young practitioner—has yet to be written. Each drug in the Pharmacopœia is taken in turn, its properties shortly described, and a few typical prescriptions given containing it. Very few practical hints are given however: to take an instance—a most flagrant instance—under Bismuth the student's attention is not drawn to its insolubility and the necessary use of a suspending agent. A warning is given against the growing use of prepared tablets, and the list of important incompatibles is commendably short.

*The Simple Dental Year Book.* (John Bale, Sons & Danielsson, Ltd.) 10s. 6d. net.

A concise and well-bound account book intended for the private use of the principal only. One page is allotted to each week, and is so sub-divided that the whole of the financial transactions of the week may be seen at a glance, including both income from and expenditure due to all sources; each page is so tabulated that the totals of expenses are doubly checked in making up the grand weekly total. Among its most useful features are the Income-tax notes, giving instructions as to the drawing up of the Income-tax returns, and showing what items of expenditure may be deducted from the same. Towards the end, pages are provided for the Quarterly Abstracts, Totals, and Summary for the Year, and also a useful indexed memoranda. The whole book is interleaved with thick white blotting paper, and has a neat appearance. It should prove an invaluable addition to the consulting-room of the Dental practitioner who desires to have his financial position at his fingers' ends.

*"First Aid" to the Injured and Sick.* By F. J. Warwick, M.B., and A. C. Tunstall, M.D. pp. 236. (Messrs John Wright & Co.) 1s. net. Third edition.

This is a new and revised edition of a most useful little pocket book for the layman, giving clear instructions for the initial treatment of all accidents: bandaging is well described, and the possibilities of a large triangular piece of linen are indeed wonderful. The illustrations are good, but we are very amused with fig. 109, which is indeed *guttée du sang;* it represents a compound fracture, and a stream of blood is depicted dropping through the air.

*Dental Surgery.* By A. W. Barrett, M.B. pp. xii. and 159. (H. K. Lewis.) Fourth Edition. 3s. 6d.

This book is intended for the use of *medical* men and students, and the fact that it has passed through three editions proves its popularity. The country practitioner will find it most useful, as he is often required by his patients to extract teeth and treat various dental affections of the mouth.

Dr. Turner has sent us the Report which he issues as Medical Officer of Health for the Transvaal. Very elaborate, it contains many statistical tables, and is now in the Hospital Library.

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Dental News.

LAST Monday afternoon, with a temperature of 83° in the Conservation room, was a sample of what may be expected during the summer unless something is done to improve the ventilation. It was decided some months ago to fit up electric fans to drive a current of fresh air through the room; the fans were obtained, but there the matter seems to rest, as also do the fans; possibly a few more steam syrens here and there would wake somebody up, and the scheme could be put into operation before the return of the cold weather. The old idea of white-washing the inside of the glass roof is worse than useless, as it does not lower the temperature, but very effectually spoils the light so necessary for dental operations.

In the "Transactions of the Odontological Society" for April, is reported an interesting case of the retention of the right temporary upper incisor followed, after extraction, by the eruption of its permanent successor in a patient aged 13, the space for its eruption being maintained by the insertion of a vulcanite plate carrying an artificial tooth. What promises to be a similar case is now under treatment, under the dressership of Mr. Marsh, and it will be interesting to see if as good a result will be obtained as in the case reported. The same case, by the way, is a fairly good example of the effects of congenital syphilis upon the teeth, and those unfamiliar with this condition would do well to inspect it.

Excellent results in the treatment of putrescent pulps have been obtained in the Conservation room lately by the use of a mixture of tri-cresol two parts, and formalin (40 per cent. sol.) one part; it is not necessary to ream the root canals previous to its use, and one application usually proves efficient in even obstinate cases of long standing; great care should be exercised in its use, owing to the dangerous nature of the drugs; the rubber dam should always be applied, and the dressing carefully sealed with gutta percha.

Intending applicants for the Students' appointments should bear in mind that the July appointment list closes next Thursday, 8th inst.

The result of the First Professional (L.D.S.) Examination proves to be as good as the result of the Final commented on in the last issue, and it makes one wonder where the Dental School will soon be if men continue to be turned out qualified at over double the rate that new students are coming in.

The Annual General Meeting of the Dental Society has been called for Friday, 2nd inst., and therefore by the time these lines appear in print will be an event of the past, and the task of providing this column will have passed into other, and, it is hoped, abler, hands than those of the present writer, who makes his adieux with apologies for not having been more successful in making this column interesting.

# Sport.

## CRICKET FIXTURES.

Saturday, June 3rd.
G.H.C.C., I., v. Beckenham, home.
II., v. Camberwell House, away.
Wednesday, June 7th.
G.H.C.C., I., v. Wellingboro' Masters, away.
Friday, June 9th.
G.H.C.C., I., v. Thespids, home.
Saturday, June 10th.
G.H.C.C., II., v. Norbury Park "A," home.
III., v. London Hospital III., away.
Monday, June 12th.
G.H.C.C., I., v. Norbury Park, away.
Wednesday, June 14th.
G.H.C.C., I., v. London County C.C., away.
II., v. Beckenham "A," home.
III., v. Brentwood School, away.
Saturday, June 17th.
G.H.C.C., I., v. Bexley Heath, away.
II., v. Old Charltonians, home.

## LAWN TENNIS FIXTURES.

Saturday, June 3rd.
G.H.L.T.C. I., v. Brixton Wanderers, away.
Saturday, June 10th.
G.H.L.T.C., I., v. Surbiton "A," away.
II., v. London Hospital II., home.
Wednesday, June 14th.
G.H.L.T C., I., v. Boundaries, home.
Saturday, June 17th.
G.H.L.T.C., I., v. Gravesend, away.
II., St. Thomas's II., home.

# Cricket.

## GUY'S v. LONDON.

INTER-HOSPITAL CUP.—FIRST ROUND.

Played at Winchmore Hill on 29th May. London won the toss and batted first on a fine wicket. Something like a rot set in with the first batsmen, and 7 of their wickets were down for 69 runs. Riches' bowling analysis was extraordinary at this stage—17 overs, 10 maidens, 17 runs, 5 wickets. The hot sun told on our fast bowler, however, and Charles Scott and H. G. Noyes stopped the rot. At lunch they had taken the score to 140 without being separated. After lunch our fielding deteriorated greatly, and the score was taken to 182 before another wicket fell. By 3.30 London were all out for 241.

At ten minutes to four London took the field, Bookless and Barnett opening for us. They both did grandly, and the former was unlucky to miss the 100. They took the score to 92 for the first wicket when Bookless was bowled for a faultless 49. Time was getting short, and Riches, Smith, Willan and Bartlett were out in endeavouring to force matters. In the end we won by 2 wickets with two minutes to spare. Had many supporters turned up to cheer us on they would have been rewarded by seeing one of the most exciting finishes in an inter-hospital cup tie. Score:—

GUY'S.

| | |
|---|---|
| E. Barnett, run out | 97 |
| J. S. Bookless, b Scott | 49 |
| H. Simms, c Waldron, b Scott | 0 |
| N. Riches, lbw, b Scott | 17 |
| P. Smith, c Corry, b Scott | 21 |
| R. Willan, c Burgess, b Waldron | 11 |
| E. Morgan, b Linnell | 1 |
| G. N. Bartlett, c and b Scott | 16 |
| A. M. Tolhurst, not out | 9 |
| S. M. Wells, not out | 6 |
| Extras | 18 |
| Total | 245 |

F. Kahlenberg did not bat.

LONDON.

| | |
|---|---|
| H. A. Hancock, c Wells, b Riches | 15 |
| C. Salt, c Willan, b Riches | 19 |
| F. Standish, b Riches | 9 |
| R. Burgess, c Bartlett, b Kahlenberg | 0 |
| H. B. Corry, c Simms, b Riches | 9 |
| H. A. Barnes, c Tolhurst, b Riches | 2 |
| H. G. G. Noyes, b Morgan | 57 |
| C. T. Scott, c Bartlett, b Morgan | 66 |
| R. Linnell, not out | 38 |
| J. Linnell, c Barnett, b Riches | 0 |
| F. M. Waldron, b Morgan | 4 |
| Extras | 22 |
| Total | 241 |

Riches, 6 wickets for 69; Kahlenberg, 1 wicket for 54; Morgan, 3 wickets for 45.

## GUY'S v. R.I.E.C.

Played at Cooper's Hill, Saturday, 13th May. Guy's batted first and put together a total of 214. Bookless, Smith, Barnett and Willan played well.

Our opponents started well, but after losing Rev. Burroughs and Manning, the rest failed before Morgan's bowling. Morgan captured 7 wickets for 18 runs. Score:—

GUY'S.

| | |
|---|---|
| A. M. Tolhurst, run out | 7 |
| E. Barnett, b Burroughs | 31 |
| H. Simms, b Bisset | 0 |
| R. Willan, c Troup, b Manning | 24 |
| H. Archer, lbw Manning | 15 |
| E. Morgan, lbw Burroughs | 1 |
| J. S. Bookless, not out | 66 |

| | |
|---|---|
| P. Smith, b Manning | 47 |
| A. H. Pickett, not out | 11 |
| Extras | 12 |
| Total (7 wickets) | 214 |

L. G. Davies and G. N. Bartlett did not bat.

R.I.E.C.

| | |
|---|---|
| Rev. J. Burroughs, b Morgan | 57 |
| L. G. Stubbs, c Morgan, b Bartlett | 0 |
| A. Manning, c and b Morgan | 24 |
| A. Wimbush, c Bartlett, b Morgan | 0 |
| H. T. Humfress, b Morgan | 2 |
| G. E. de Smidt, lbw Tolhurst | 7 |
| Captain Brown, b Morgan | 0 |
| J. Homfrey, b Tolhurst | 1 |
| J. R. Troup, b Morgan | 3 |
| A. Bisset, not out | 0 |
| F. A. Farquharson, b Morgan | 0 |
| Extras | 16 |
| Total | 110 |

## GUY'S v. BLUE MANTLES.

Played on Nevill Ground, Tunbridge Wells, Wednesday, 17th May. For this match we were short of bowlers, and our opponents, winning the toss, kept us busy in the field till after four o'clock. A draw seemed likely, but our last 7 wickets only added 30 runs, and we were dismissed with ten minutes of time remaining. Score:—

BLUE MANTLES.

| | |
|---|---|
| A. C. Havers, b Bartlett | 2 |
| S. S. Williams, c Pickett, b Clark | 8 |
| G. H. Drummond, b Morres | 57 |
| F. D. Curtis, c Pickett, b Bookless | 31 |
| J. H. Kelsey, not out | 99 |
| F. B. Leney, c Wells, b Bartlett | 68 |
| C. D. Barrow, c Langdale, b Bartlett | 13 |
| Capt. Watson, b Clark | 7 |
| A. P. Braybrook, run out | 4 |
| C. D. Bourns, b Clark | 26 |
| Extras | 18 |
| Total (9 wickets) | 333 |

F. H. Wheeler did not bat.

GUY'S.

| | |
|---|---|
| A. M. Tolhurst, b Havers | 9 |
| F. Morres, b Havers | 26 |
| H. Simms, b Leney | 28 |
| H. M. Langdale, b Leney | 37 |
| J. S. Bookless, not out | 13 |
| H. Archer, c Kelsey, b Leney | 4 |
| T. R. Harvey, c Braybrook, b Leney | 1 |
| S. M. Wells, c Curtis, b Williams | 7 |
| A. H. Pickett, b Leney | 1 |
| C. B. Clark, b Leney | 0 |
| G. N. Bartlett, c Leney, b Williams | 6 |
| Extras | 3 |
| Total | 135 |

## GUY'S v. WANDERERS.

Played at Honor Oak Park, 20th May, and won by our opponents. Our side made a poor show against Jephson's underhands. Score:—

WANDERERS.

| | |
|---|---|
| S. Colman, b Morgan | 37 |
| R. B. Brooks, run out | 33 |
| H. D. Wyatt, c Simms, b Davies | 22 |
| E. A. Beldam, b Willan | 42 |
| H. M. Langdale, c Simms, b Morgan | 0 |
| T. A. Darke, c Bartlett, b Willan | 7 |
| F. Morres, c Morgan, b Willan | 18 |
| K. E. M. Barker, b Bartlett | 26 |
| A. E. Damian, b Morgan | 34 |
| D. L. A. Jephson, not out | 19 |
| A. G. S. Rose, b Morgan | 1 |
| Extras | 19 |
| Total | 258 |

Morgan, 4 wickets for 60; Willan, 3 wickets for 37.

GUY'S.

| | |
|---|---|
| N. Riches, st Brooks, b Barker | 21 |
| J. S. Bookless, c Damian, b Jephson | 3 |
| R. Willan, b Barker | 0 |
| E. Barnett, c and b Jephson | 3 |
| P. Smith, c and b Jephson | 24 |
| A. M. Tolhurst, b Jephson | 2 |
| E. Morgan, st Brooks, b Barker | 8 |
| H. Archer, b Jephson | 2 |
| H. Simms, not out | 8 |
| G. N. Bartlett, b Jephson | 9 |
| T. G. Davies, c Colman, b Jephson | 0 |
| Extras | 6 |
| Total | 86 |

## GUY'S v. SURREY CLUB & GROUND.

Played at Honor Oak Park on the 24th May. Score:—

GUY'S.

| | |
|---|---|
| J. S. Bookless, b Nice | 10 |
| N. Riches, b Nice | 35 |
| E. Barnett, b Nice | 9 |
| P. Smith, c Moulder, b Nice | 84 |
| R. Willan, b Skinner | 17 |
| H. Simms, b Nice | 2 |
| E. Morgan, c Nice, b Trigg | 13 |
| A. M. Tolhurst, b Nice | 10 |
| H. Archer, c Strudwick, b Gamble | 2 |
| S. M. Wells, not out | 0 |
| L. G. Davies, c Moulder, b Gamble | 0 |
| Extras | 5 |
| Total | 187 |

SURREY CLUB & GROUND.

| | |
|---|---|
| C. Scarf, b Riches | 61 |
| Goatley, b Riches | 75 |
| Moulder, b Riches | 7 |

| | |
|---|---|
| Kingsland, b Morgan | 20 |
| Nice, b Riches | 2 |
| F. P. Francis, c Riches, b Morgan | 0 |
| Trigg, c Barnett, b Riches | 2 |
| Strudwick, b Riches | 2 |
| Dr. Lang, b Morgan | 14 |
| Gamble, c Barnett, b Morgan | 4 |
| Skinner, not out | 2 |
| Extras | 24 |
| Total | 213 |

Riches, 6 for 55; Morgan, 4 for 45.

## GUY'S v. REIGATE PRIORY C.C.

Played at Reigate 27th May, and resulted in a win for our opponents by 51 runs. Bookless batted finely, but except for Bartlett could not get anybody to stop with him. Kahlenberg bowled well for us, taking 6 wickets for 51. Score:—

REIGATE PRIORY C.C.

| | |
|---|---|
| . Brooker, b Kahlenberg | 0 |
| W. Neale, b Davies | 4 |
| F. Penfold, c Smith, b Kahlenberg | 70 |
| R. Abel, jun., b Kahlenberg | 24 |
| F. J. Nightingale, b Kahlenberg | 2 |
| H. Dungate, c and b Kahlenberg | 10 |
| Frank Nightingale, not out | 22 |
| E. L. Trower, b Bartlett | 0 |
| H. Budgen, b Bartlett | 39 |
| B. T. Kenward, c Barnett, b Kahlenberg | 8 |
| F. J. Buckland, c Bartlett, b Davies | 7 |
| Extras | 21 |
| Total | 207 |

GUY'S.

| | |
|---|---|
| P. Smith, b Penfold | 3 |
| E. Barnett, b Budgen | 17 |
| H. Simms, b Budgen | 17 |
| J. S. Bookless, not out | 52 |
| R. Willan, b Budgen | 4 |
| A. M. Tolhurst, c F. J. Nightingale, b Budgen | 4 |
| H. Archer, b Budgen | 0 |
| F. Kahlenberg, b Budgen | 6 |
| A. H. Pickett, b Budgen | 12 |
| G. N. Bartlett, b Budgen | 26 |
| L. G. Davies, c. Neals, b Penfold | 1 |
| Extras | 14 |
| Total | 156 |

## GUY'S II. v. MANOR HOUSE SCHOOL.

Played at Honor Oak Park on Wednesday, May 17th, ending in a draw. Guy's batted first, and made 227 for 8 wickets. Allison, Whelon and Gibson all batted well. They had two hours to make the runs in, but only put up a total of 150 for 5 wickets, of which Laird made a fine 85 not out. Score:—

GUY'S.

| | |
|---|---|
| C. E. Whelon, b Pigott | 40 |
| R. Willan, b Blackall | 3 |
| W. S. Digby, b Laird | 15 |
| S. McK. Saunders, b Martyn | 8 |
| G. F. Allison, c Laird, b Pigott | 54 |
| H. Munden, c Laird, b Martyn | 0 |
| H. G. Gibson, b Blackall | 31 |
| C. G. Morris, b Martyn | 6 |
| E. L. Elliott, not out | 24 |
| G. B. Cockrem, not out | 8 |
| Extras | 38 |
| Total (8 wickets) | 227 |

F. Kahlenberg did not bat.

MANOR HOUSE SCHOOL.

| | |
|---|---|
| Blackall, b Kahlenberg | 13 |
| R. Price, b Cockrem | 1 |
| Martyn, c Saunders, b Kahlenberg | 8 |
| Laird, not out | 85 |
| Jamnerway, b Morris | 15 |
| Gorringe, b Kahlenberg | 11 |
| Monk, not out | 1 |
| Extras | 16 |
| Total (5 wickets) | 150 |

Maxwell, Badcock, Pigott and K. Price did not bat.

## GUY'S II. v. OLD OLAVIANS.

Played at Dulwich on Saturday, May 20th. Guy's won the toss and batting on a soft wicket only put up a total of 87. Digby and Gibson were the only two who made anything of the bowling. They made 140, but should have been all out for under 60, except for our very bad fielding, twelve catches having been dropped. Score:—

GUY'S.

| | |
|---|---|
| G. H. Pickett, c Howard, b Wilson | 0 |
| C. E. Whelon, b Lowe | 0 |
| W. S. Digby, b Krauss | 41 |
| W. T. Clarke, b Powell | 5 |
| F. Kahlenberg, c Krauss, b Powell | 0 |
| T. R. Harvey, b Powell | 2 |
| H. G. Gibson, c Wilson, b Krauss | 18 |
| C. B. Ticehurst, b Krauss | 8 |
| J. L. Johnston, run out | 4 |
| M. M. Adams, b Krauss | 2 |
| W. P. Vicary, not out | 0 |
| Extras | 7 |
| Total | 87 |

OLD OLAVIANS.

| | |
|---|---|
| E. Lugg, b Clarke | 2 |
| A. H. Wilson, lbw, b Clarke | 1 |
| C. A. Powell, c Whelon, b Kahlenberg | 29 |
| A. C. Wilson, b Clarke | 12 |
| T. B. Lowe, b Kahlenberg | 18 |
| W. B. Owen, c Clarke, b Kahlenberg | 22 |
| S. S. Polley, b Kahlenberg | 1 |

| | |
|---|---|
| C. Krauss, b Clarke | 21 |
| A. Howard, b Whelon | 1 |
| J. A. Griffen, run out | 16 |
| S. Sutherland, not out | 14 |
| Extras | 3 |
| Total | 140 |

GUY'S III. v. HOME & COLONIAL.

The following match was played at Crouch End on Saturday, May 13th, and resulted in a win for the Hospital by 11 runs. Score :—

GUY'S.—A. J. Atkinson, c Ford, b Rendell, 3; H. C. Malleson, b Rendell, 0; A. D. Vernon-Taylor, b Ford, 4; D. Reynolds, b Ford, 16; M. M. Munden, b Ford, 2; H. R. Bastard, run out, 1; W. Ingram, b Ford, 0; C. G. Morris, not out, 29; C. E. Reckett, b Ford, 0; G. B. Cockrem, b Ford, 9; Extras, 9.—Total 64.

HOME AND COLONIAL.—Rowberry, b Reynolds, 0; Coote, c Munden, b Reynolds, 8; Martin, c Ingram, b Atkinson, 0; Ford b Reynolds, 3; Blake, b Cockrem, 10; Rendall, c Cockrem, b Reynolds, 5; Archer, b Cockrem, 2; Pest, c Ingram, b Cockrem, 8; Binn, b Cockrem, 8; Whiting, not out, 0; Balls, c Munden, b Cockrem, 0; Extras, 9—Total, 53.

GUY'S III. v. SEVENOAKS SCHOOL.

Played at Sevenoaks on Wednesday, May 24th.

GUY'S.—R. R. B. Ponder, b Pearson, 3; W. E. Fox, c and b Radley, 1; H. Munden, c Radley, b Pearson, 1; S. McK. Saunders, b Pearson, 11; E. L. Elliot, lbw Radley, 0; M. Munden, c Enstwisle, b Pearson, 18; C. G. Morris, c and b Ingles, 6; G. B. Cockrem, c Rendell, b Pearson, 0; W. Ingram, lbw Ingles 22; W. P. Vicary, not out, 3; C. E. Rickett, b Ingles, 2; Extras, 7.—Total, 74.

SEVENOAKS SCHOOL. S. E. Radley, b Morris, 2; Rendell, b Morris, 12; T. H. Inglis, c and b Morris, 21; S. Stephenson, b Cockrem, 2; Welch, b Morris, 8; Pearson, b Morris, 7; Rigby, not out, 12; Enstwisle, c Elliot, b Morris, 8; Turner, c H. Munden, b Morris, 4; Vignoles, b Saunders, 0; Mawdsley, c and b Morris, 6; Extras, 9.—Total, 91.

GUY's III. v. NEW ELTHAM.

Played at New Eltham on Saturday, May 27th.

GUY'S.—R. Ponder, b Friend, 21; W. Fox, c Haggerty, b Wallis, 6; A. Vernon-Taylor, c Wilson, b Friend, 25; E. L. Elliott, b Haggerty, 3; W. Ingram, c & b Haggerty, 4; M. Munden, c & b Haggerty, 54; C. G. Morris, c Murphy, b Haggerty, 4; H. R. Bastard, lbw Haggerty, 4; C. Mallison, c & b Haggerty, 4; I. Thompson, not out, 14; W. P. Vicary, c & b Haggerty, 6. Extras, 6—Total, 151.

NEW ELTHAM.—H. Wallis, c Vicary, b Morris, 17; C. Jones, run out, 23; P. Martin, c Ponder, b Morris, 5; F. Friend, b Morris, 1; J. Wilson, c Ingram, b Morris, 0; E. Liddle, b Ponder, 66; S. Murphy, c Fox, b Morris, 8; H. Haggerty, c Bastard, b Taylor, 9; J. Raidler, c Ingram, b Morris, 15; H. Wood, not out, 17; G. Rossal, b Ponder, 1. Extras, 10.—Total, 173.

# Lawn Tennis Club.

GUY'S v. SURBITON "A."

This match was played at Honor Oak on May 20th. Surbiton, as usual, brought a very useful team, to whom we lost by 2–5, two events being drawn. The weather was distinctly too cold for tennis. Score :—

A. Zorab and F. W. M. Palmer lost to M. H. Bell and J. S. Bell, 3–6, 6–1, 2–6; beat E. E. White and E. D. Conyers, 6–3, 6–3; beat J. C. Thompson and G. H. Bravington, 6–2, 6–0. L. J. Orpen and A. S. M. Palmer lost to E. E. White and E. D. Conyers, 3–6, 6–1, 2–6; drew with Thompson and Bravington; lost to M. H. and J. S. Bell, 2–6, 4–6. M. Earle and C. E. M. Jones lost to Thompson and Bravington, 3–6, 6–2, 4–6; lost to M. H. and J. S. Bell, 5–7, 4–6; drew with White and Conyers.

GUY'S v. SIDCUP.

This match was played at Honor Oak on May 24th, and unfortunately proved neither enjoyable nor decisive, as our opponents were unable to arrive before 5 p.m., with the result that, though we sadly played on far into the shades of night, the match was left unfinished. Score :—

A. Zorab and M. Earle lost to C. B. Beater and N. Spicer, 3–6, 2–6; beat F. J. S. Atkones and C. V. Thompson, 6–2, 6–1. L. J. Orpen and A. S. M. Palmer beat Atkones and Thompson, 6–2, 7–5; lost to Beater and Spicer, 3–6, 4–6; drew with E. G. Solomon and D. Caine (losing one set, 12–14.) C. E. M. Jones and C. W. Greene lost to Beater and Spicer, 1–6, 0–6; beat Atkones and Thompson, 6–1, 1–6, 6–4; lost to Solomon and Caine, 1–6, 6–5, 3–6. Result, 3–4 (2 drawn).

GUY'S v. HAROLD.

This match was played away on May 27th. We should have probably won if it had not been for the temporary absence of one member of the team, who through a misunderstanding turned up late. The first pair won all their events easily, but were not well backed up. Greene and Barker should learn to hit harder. Earle was unable to play. Score :—

A. Zorab and F. W. M. Palmer beat first pair, 6–4, 6–2; beat second pair, 1–6, 6–4, 6–1; beat third pair, 6–3, 6–2. L. J. Orpen and A. S. M. Palmer lost to second pair, 2–6, 2–6; lost to first pair, 4–6, 6–0, 4–6; beat third

pair, 6–3, 6–3. W. Greene and F. Barker lost to third pair, 4–6, 5–7; lost to first pair, 4–6, 5–7; lost to second pair, 5–7, 6–8. Result, lost, 4–5.

GUY'S 2ND v. ST. THOMAS'S 2ND.

This match was played at Chiswick Park on May 24th. Our team rendered a very good account of themselves, and should do still better when at full strength. Wood and Adams won all their events. Result, won 6–3. Guy's:—

F. Barker and C. H. Fothergill; M. M. Adams and C. Wood; W. G. Pinching and H. R. Mullins. Opponents' team and scores not to hand.

The Inter-Hospital Cup Ties for 1st and 2nd teams are fixed for June 21st, 22nd and 23rd, the 1st playing at Chiswick Park, the 2nd on our ground at Honor Oak.

## Calendar.

June, 1905.

Sat. 3.—Messrs. Golding-Bird and Sir Alfred Fripp's take-in; Drs., W. H. Miller and G. N. Bartlett; Cl., A. Leeming.

Tues. 6.—Examination for Treasurer's Gold Medal begins.

Thur. 8.—Messrs. Symonds and Steward's take-in; Drs., T. B. Layton and A. Alcock; Cl., S. M. Wells.

July Appointment List closed.

Application to the M.S.O. for 2nd Conjoint Schedule to be made not later than this date.

Mon. 12.—Whitsun Monday. Medical Office closed.

Cambridge 1st and 2nd Exams., and Part I. of the 3rd M.B. Exam. begins.

Tues. 13.—Application to M.S.O. for Schedules for Final Conjoint Exam. to be made not later than this date.

Thur. 15.—Messrs. Lane and Fagge's take-in; Drs., H. A. Pallant and A. Zorab; Cl., A. B. O'Brien.

Fri. 16.—Dental Bacteriology Exam. for 2nd Year's Prize, 10 a.m. to 1 p.m.

## Notice.

ARMY MEDICAL SERVICE.

An examination of Candidates for not less than forty Commissions in the Royal Army Medical Corps will be held on the 27th July next and following days.

Applications to compete should be made to the Secretary, War Office, 68, Victoria Street, London, S.W., not later than the 17th July, on which date the list will be closed.

Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after the 1st October, 1899, that they could reckon towards retired pay and gratuity if such reduction will bring them within the age limit.

The presence of Candidates will be required in London from the 25th July.

War Office, 24th May, 1905.

## From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

A., CHADWELL HEATH.—The sputum contains only a little muco-pus, and no tubercle bacilli are found.

T.L.J., CHEADLE.—The specimen contained some pus, but no tubercle bacilli were found.

PATHOLOGIST.

### Birth.

BROWN.—On April 2nd, at Brislington, Parramatta, N.S.W., the wife of Dr. Sigismund Brown, of a daughter.

### Death.

WHITE.—On May 9th, at 53, Carlton Hill, N.W., Lieutenant-Colonel Charles White, Royal Army Medical Corps, aged 64.

ED.—F. W. M. P.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 445.] JUNE 17, 1905. [SIXPENCE.

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## Passim.

THE hospital fund is still the subject uppermost in our minds. Until our immediate and pressing needs have been satisfied, in a word, until every penny of the total sum for which the Treasurer has appealed has been forthcoming, it is impossible to look forward to the future without a certain reasonable degree of misgiving and distrust. We publish to-day a further list of subscriptions. The fund is still progressing, but at the risk of showing rank ingratitude to the many who are working their hardest to help us, we must confess that its rate of progress is slow, and, worst of all, that it is becoming slower. The majority of the subscription cards issued for the GAZETTE fund are still unaccounted for. There must be many whose friends, still unsolicited, whose relatives still uncoerced, sit heavily on their consciences. No one ever supposed that the duty of dispatching these appeals could help being distasteful. But persist;—if our wealthy aunt's scruples on the score of our alleged vivisectionist proclivities bind up her purse strings, still our uncle Crœsus may subscribe, and a maternal cheque may console us for the paternal homily on the grave increase of our own personal expenditure.

AMONG recent donations we would call special attention to the gift of the Guy's Hospital Ladies' Association. Princess Christian of Schleswig-Holstein has forwarded to the Treasurer a cheque for £250 from the Association, of which Her Royal Highness is President. This sum comprises the usual annual donation of £150 to support three beds in the Maternity ward, and in addition a special contribution of £100, in response to the appeal for £100,000 now being issued by the Governors of the Hospital. We fear that in our last number we were guilty of grievously underestimating the strength of these our volunteer forces. We stated that in the ten years since its foundation, the Guy's Hospital Ladies' Association had attained to a membership of nearly eight hundred, and in saying so we had in mind the most recent statistics then available, quoted in the current Guy's Hospital Annual Report. The membership for the year ending March 31st, 1904, is there given as 761. Since then, however, progress has been so rapid that the Committee are now able to report a membership of 1,055.

ALTHOUGH Mr. C. H. Douglas had been at Guy's only a comparatively short time, he had already made many friends, and it is with the

deepest regret that we have to report his sudden death in Stephen ward on Thursday, June 8th.

IN our last number we were guilty of an unpardonable error. It is one thing for Guy's men to wish Sir Samuel Wilks length of days, and to have pride in his long life; it is another thing to take the matter into our own hands and to antedate his birth by more than ten years. We wish to apologize most sincerely to Sir Samuel Wilks. It is when we are proud of a thing that we grow apt to exaggerate.

WE confess to a sneaking admiration of the methods by which our neighbours of the London Hospital make known the good work on which they are engaged. It is not so long since a profusely illustrated article in one of the monthly magazines enabled its readers to gain a clear conception of the hospital at work, to follow the whole process of the cure of human ills, and to form some idea of the high motives which actuated their conduct. A letter from Cambridge tells us that they are at equal pains to impress upon university men the undeniable advantages which the hospital affords to students of medicine. In the Union, in the Anatomy schools, wherever students most do congregate, are posted notices of the London Hospital and of no other, and our informant has met with at least one man whose choice of a hospital has been so influenced. Our own advantages are detailed in the advertisement columns of the *Cambridge Review*, a closed book to the undergraduate.

To the regret of all, Mr. Ray Edridge has felt himself obliged to resign the post of Editor of the GAZETTE, which he has held so successfully for more than a year. We hope in future, however, to have the pleasure of often availing ourselves of his advice, sometimes of neglecting it.

WHAT has become of the hospital summer recreation of tug-of-war between firm and firm? Those of us who were dragged reluctant and resisting past the feet of Mr. Lucas by his victorious firm are inclined to ask if they are to be allowed to remain in undisputed possession of the Cup.

WE publish to-day three letters, the first and the most interesting is written under the *nom de plûme* of G. P. The writer, in a note enclosed, appeals to us to publish it, "in the interests of fair play." We have great pleasure in publishing it in our own interests. It seems to us a very fair and tolerant statement of the difficulties with which both hospitals and practitioners have to contend. At the same time it is entirely devoid of suggestions as to how these difficulties are to be overcome. As G. P. points out, the hospitals are sufferers equally with the practitioners. He may feel quite sure that they may be trusted to do all in their power to meet any abuse and to safeguard their own interests in the matter. A spirit of antagonism between practitioners and the hospital, in a matter where these interests are identical, is above all to be deprecated, and any attempt to coerce the hospital into drawing hard and fast rules for the limitation of its charity, is bound to end in failure. The plea of poverty, as it is a difficult plea to refuse, is also a difficult plea to confirm, but the duty of making inquiries and securing confirmation, must be left to the hospital inspector. G. P. quotes undeserving cases which he himself has seen as out-patients. He does not say that he satisfied himself that they had not been sent there by their own medical man. Hospital out-patients for the most part fall into three groups—the very poor, confirmed invalids, and those who are sent to us with a letter from their own doctor. All charities are liable to abuse, but the number of undeserving persons who successfully evade the hospital precautions is most certainly a small one.

THE second letter which we publish is a plea for the more frequent appearance of articles headed "In Lighter Vein." Mr. Shepperd's letter has produced a profound impression upon us. He has awakened in us a lively sense of our own deficiencies and has filled us with a humble resolve to do better for the future. So far as in us lies we mean to follow the ruling both of Homer and of Zeus in the matter. In the hope, then, of diverting our readers, and as the first fruits of his expostulation, we do what under

other circumstances we should never have dreamt of doing, we publish his letter verbatim. It may very well be that where we have failed Mr. Shepperd has at once succeeded, that at one blow he has taken away the reproach from among us, and won both "smiles" and "laughter."

We are relatively a small community, and it has always been a matter of difficulty to find sufficient variety in our jesting. We have of course one large field in which it is always open to us to take our pleasure. The eccentricities of speech and of dress of this or that great person no doubt form fit subjects for mirth, and we have had in the past, and hope to have in the future, many excellent "In Lighter Vein" columns upon these lines. Moreover, it is a form of jest which stands some repetition, even up to a certain point improves with repetition. Yet, even granting this, we do not think it capable of standing the strain of fortnightly instalments. If we are to have a fortnightly "In Lighter Vein," we must have some alternative type, and up to the present this is not forthcoming. We appeal for help. The man who can write a good "In Lighter Vein," who succeeds in making the whole hospital laugh, may quite seriously congratulate himself on being a valuable member of the community. It is given to many to write good clinical lectures, to write even a tolerable "In Lighter Vein" to only a few.

On Thursday, June 15th, the sports were held at Honor Oak Park, in beautiful weather and before a large company. The running, notably in the three miles, was exciting, and the times, on the whole, faster than usual. At the conclusion, Mrs. H. T. Hicks kindly distributed the prizes, and Mr. Lucas, the President of the Athletic Club, made just such a characteristic speech as we have learned to expect from him on these occasions.

Much is done nowadays to instruct girls of the lower classes in the management of infants. In a higher rank of life, young mothers apparently still seek guidance from the historic "Dr. Chavasse." It is a most interesting work and well worth reading. Written, apparently, in those far-off days when women were supposed incapable of following a reasoned argument, it is put in the simple form of question and answer. To such humble but pertinent queries as "Can you give me any advice as to the ablutions of my babe?" the good doctor makes weighty reply. Surely it is time, when books multiply so fast, that Dr. Chavasse should join "The Fairchild Family" and the rest in honourable retirement.

We believe that it is becoming more and more the practice among prudent folk, who for one cause or another are in the painful case of having to undergo a surgical operation, to safeguard their purses by proceeding somewhat in this wise. They select with care a short list of distinguished surgeons, from each of whom they demand an estimate of the total cost to themselves of the proposed operation, at the same time making a mental reservation that they do not bind themselves to accept the lowest or any tender. To such business-like people the continental tariff of operations, which figured so largely in last week's *British Medical Journal*, is bound to prove interesting. The prices quoted are extremely moderate. In Germany the operation for removal of the tongue costs from 20 marks, about a sovereign. For complete extirpation of the larynx—a more difficult operation this—prices are higher, and 30 marks is the minimum quoted. Such moderate charges are bound to prove a powerful incentive to foreign travel. In the future, "Cook's Fortnightly Appendicectomy Tours to the Rhine" may be largely patronised, and in cases where the prognosis is sufficiently good, the cheap return fares should be largely taken advantage of.

On the afternoon of Wednesday, June 7th, the normal monotony of Astley Cooper was relieved by the presence of the children from Mr. Beerbohm Tree's School of Acting. Their singing and dancing were greatly enjoyed, and we are much indebted both to the children

themselves and to those who made the arrangements for the performance.

WE offer our very hearty, if somewhat belated congratulations to Mr. A. F. Hertz on his recent achievement. Mr. Hertz has lately won the Radcliffe Travelling Fellowship of the University of Oxford. He will take with him on his travels the good wishes of the whole hospital.

THE third letter appearing to-day is also signed G. P., and in it the writer takes exception to a sentence in last week's "Passim" notes on the teaching of obstetrics at Guy's and elsewhere. The Guy's Charity boasts that forceps are rarely applied, because it has always set its face against the routine use of forceps merely to save time,—the doctor cannot wait, the doctor is wanted elsewhere. That forceps are so used in general practice is notorious, and often with the most dire results to the patient. The student must learn not only how to use forceps, but, what is more important, when to use them. We cannot believe that the technical difficulties in the application of forceps are so formidable as G. P. suggests—in suitable cases. In unsuitable cases no amount of manual dexterity will suffice to avoid the possibility of some at least of the disasters which G. P. details. Bruises, splits and tears —all the sad probabilities upon which G. P. insists—follow in the train, not so much of the unskilful as of the injudicious use of forceps. From all such God grant the Charity "inexperience."

WE again wish to draw attention to the candidature of Mr. Golding-Bird for the vacant seat on the Council of the College caused by the retirement of Sir Henry Howse. The election of a well-tried Guy's man in the place of Sir Henry is of the greatest importance to our old School.

WE take the following from the advertisement columns of *The Hospital*:—

RUGBY UNION.

NURSE WANTED.—The Rugby Union require a trained certificated nurse, with midwifery certificate, at the Infirmary (44 beds).

A dangerous game, football!

# Some Cases of Pyosalpinx, with Remarks on Treatment.

CLINICAL LECTURE BY PETER HORROCKS.

May 12th, 1905.

GENTLEMEN,—When you get into practice you will find that certain cases are very straightforward, and they will give you no difficulty whatever, because you will know easily what is the matter and you will know what treatment to adopt. But you cannot devote your attention more profitably now than to those cases which give rise to differences of opinion, and as to which you are in doubt regarding diagnosis and treatment. And one of the diseases to which women are liable, and which often give a doctor no end of trouble, is pyosalpinx.

First of all, I want you to understand what pyosalpinx is. Pyosalpinx is not inflammation of the Fallopian tube nor of its lining. In fact, it is not simply salpingitis, which is inflammation of the membrane lining the Fallopion tube; it is not merely that the tube contains pus; if you can squeeze a drop of pus out of the tube that is not pyosalpinx. Pyosalpinx means distention of the Fallopian tube with pus, and it connotes a sealing up of the fimbriated end of the tube, and blocking of the uterine end, so that the secretion of the tube gradually fills the tube and distends it, causing a lump or tumour, which can be felt.

What are the causes of this condition? The books will tell you that the chief cause is gonorrhœa; and most people think that the presence of pyosalpinx is proof of the patient having had gonorrhœa. Others say that it may be tubercular in origin. It is a strange pathological fact that the Fallopian tube is one of the seats of election of primary tubercle, and you should bear this in mind. If you see a patient who is evidently ill, with some temperature, and pain referred to the pelvis, and the effect of treatment by hot douches, fresh air and tonics is *nil*, you should suspect tubercle of the Fallopian tube. But you may have forms of inflammation other than gonorrhœal and tubercular. Of course, if you test the pus from such a case and find no gonococci, that is not a proof that it was not gonorrhœa, because the pus often becomes sterile. In other words, the value of the evidence afforded by the presence of gonococci is far greater positively than the value of

its absence is negatively. When gonorrhœa is the cause, you get in a typical case a history of vaginitis. The woman may tell you she has had gonorrhœa; she may know it; but as a rule she does not. But she may tell you she has had a yellow discharge, painful and frequent micturition, and that her water was scalding. Very often you will find either that she has never had children, or that at all events she has not had any since that attack of gonorrhœa, or vaginitis, or yellow discharge. Moreover, pyosalpinx is nearly always, especially when due to gonorrhœa, bilateral. You know that in gonorrhœa in women the urethra is always affected. If any of you go to Paris to study you will see that they squeeze the urethra with the finger and show a bead of pus exuding from the meatus urinarius. Gonorrhœa does not spread into the bladder and set up cystitis; it stops at the sphincter vesicæ; and when a student says gonorrhœa is one of the causes of cystitis you feel that he has not had his attention properly drawn to the fact. It spreads into the cervix, and you find millions of gonococci in the cervical canal. When you have cured the urethra and vagina of gonorrhœa the germs in the cervical canal will keep up the condition. The patient will say, "I was very much better with the lotion you gave me; but when I stopped using the lotion the discharge came back again." It has been re-infected from the cervix. From the cervix it will spread to the uterus, and you will have gonorrhœal endometritis. From the endometrium it spreads along the tubes, and the inflammation spreads to the fimbriated end, and sets up some little local peritonitis. Nature throws out lymph to try to shut out the gonococci from the peritonæum; you get adhesions between the Fallopian tube and the ovary, and then, as you know, these adhesions begin to shrink and to block up the abdominal end. One tube begins to fill up with pus, and as it does so it assumes a retort shape, and the fimbriated end gets sealed. This swelling can be felt through the lateral fornix. But often the distended tube gets into the pouch of Douglas and extends to the other side, meeting the other tube, similarly distended, in the middle line. And you will find cases recorded where they have become sealed together and the septum has broken down, leaving a big cavity consisting of the two tubes, with the septum between dissolved. The retort shape is assumed if the tubes are filled with fluid of any kind. If with clear fluid it is called hydrosalpinx; if with blood, hæmatosalpinx. The shape is very important in diagnosis, and it is due to pure mechanics. If you could fasten up the fimbriated end and fill it with fluid you would find it would assume a retort shape. But if the tube is filled by anything solid, or semi-solid, such as caseating tubercle, its shape will be more elongated. I think Dr. Galabin, in his book, compares it with the shape of a banana. These cases of pyosalpinx are sometimes easy to guess if you get a history of vaginitis; but sometimes you cannot get such a history, and then they are difficult. But if you cannot hear of gonorrhœal vaginitis in the patient, is there any other point in the history which will help you in diagnosis? Yes, and that is a history of *recurrent* attacks. These recurrent attacks are often attributed by the patient to intestinal obstruction, or to inflammation, or to appendicitis. The inflammation sometimes causes symptoms of intestinal obstruction, and the latter is thought to be the primary condition. If there have been repeated illnesses, with signs of local peritonitis, possibly with signs of intestinal obstruction or constipation, you must suspect pyosalpinx. How do the recurrent attacks arise? Nature has done her best to prevent the pus getting into the peritoneum, but every now and then a little of it escapes, when the woman is working or riding or driving, or doing anything which increases the intra-abdominal pressure, and that sets up a fresh inflammation, which is sometimes fatal. The late Dr. Hilton Fagge, when lecturing to us, said there were three ways in which a person who was apparently in good health might be suddenly seized with a pain in the abdomen and be dead in forty-eight hours from acute suppurative peritonitis. One of them was latent typhoid. He used to tell us about a man who was driving a tram, who was seized with a sudden pain in the abdomen, and who was brought to the hospital and died in two days, and at the post-mortem it was found that he was suffering from latent typhoid fever, and that one of the ulcers in the small intestine had perforated the bowel and set up a fatal peritonitis. The second cause was a perforating gastric ulcer, and the third a suppurating ovary. We have found since then that suppurating ovary is frequently due to pyosalpinx, or at all events to salpingitis, and that it is not a primary disease. A woman in this state may be walking about apparently well and may be seized suddenly with acute abdominal pain, followed later by collapse, and she may be dead in forty-eight hours. As a rule pyosalpinx is not fatal, but it starts a local peritonitis, fresh lymph is thrown out, it organises, and conse-

quently there are a lot of adhesions, which is Nature's conservative method of preventing death. I saw such a patient yesterday morning, and I also saw her three months ago, when the doctor said, "Had we not better operate?" But the patient declined operation. She is now very ill and unfit to be operated upon. But when these people get over the acute attack they will not consent to operation, because they are better. Of course you cannot guarantee that they will not have another attack. Remember that in this condition there is one symptom that is never absent, and that is pain, a pelvic pain, which is aggravated by menstruation. They have dyspareunia, and often inability to get about without pain. You can understand that if you get pyosalpinx due to breaking-down tubercle it may be one-sided. If it is due to gonorrhœa it spreads along both tubes. What is the effect of double pyosalpinx upon child-bearing? Sterility. The ovum cannot pass through a lake of pus of that sort without perishing; spermatozoa cannot pass upwards through that pus—even if the tubes were not sealed—without perishing. Hence prostitutes are, as a rule, sterile. It is not uncommon to learn, in a case of pyosalpinx that the woman has not had children for some years. Another thing which these women have is menorrhagia. If you study the development of the Fallopian tubes you will find they have the same origin as the uterus. The uterus is really the two tubes joined in the middle line. Tumours of the uterus produce menorrhagia; there is excessive hæmorrhage at the monthly times. Some of the books say there may be metrorrhagia.

Metrorrhagia, however, is not present as a rule. The patients do not generally give a history of bleeding in between the periods. There may also be intestinal obstruction; the bowel may be adherent, and there may be a kink in it. Or there may be a more or less general peritonitis, which paralyses the bowels, and so they do not act. The pus itself generally causes thickening of the wall of the tube. There may not be very much pus present, or there may be as much as two pints in a single tube. As a rule, the quantity is a few ounces. The pus tends to work its way out somewhere. Mostly the exit is by means of a perforation into the rectum. The patient will tell you she has a discharge by the bowel, and that there is something on the motion. Always examine the motions, and more than once, in cases of pyosalpinx. The opening may be so tiny that unless you look very carefully you may miss the pus coming from it. I remember operating upon a woman with a double pyosalpinx, a very difficult case. We got it away, but, unfortunately, she developed peritonitis and died. We afterwards found, in the peritoneal cavity, coffee, brandy, and the ingredients of the enemata which we had been giving her. There was a tiny hole in the bowel through which the substances had passed. Whenever one operates now, one looks most carefully to see if there is any such hole, especially after a difficult operation. If you see pus in the motion you know that the tube has opened into the bowel. If the pus escapes into the vagina that is very favourable for the patient. If it opens into the bladder it is very bad, for it may set up cystitis, and the inflammation may pass to the kidneys and cause fatal nephritis. It may open into the cellular tissues and spread upwards towards the kidney, producing abscesses in various places; or it may open into the peritonæum, causing local peritonitis, or general fatal peritonitis, or it may open somewhere on the abdominal wall. From what have you to diagnose pyosalpinx? From every kind of lump which occurs in the pelvis—fibroids, dermoids, pelvic inflammation, cellulitis, ovarian tumours, extra-uterine gestations. You may find perimetritis. If it is a simple peritonitis, with no pus in the tube, douching and rest are sufficient to get the patient well. If pus is present that method of treatment will not as a rule be sufficient.

Next, you must distinguish it from appendicitis. I have known a number of patients who have been operated upon for appendicitis, but who had nothing the matter with the appendix. Appendicitis in women is mistaken over and over again for ovaritis on the right side, for pyosalpinx, for hæmatosalpinx, for hydrosalpinx and tubal metritis, also for pelvic cellulitis. If a girl has pain on the right side it is put down to appendicitis; she is operated upon, and the appendix found healthy. She may be closed up again, but still continues to have recurrent attacks. Later, perhaps, the abdomen is opened in the middle line and pyosalpinx is found. You must also diagnose the condition from latent typhoid or perforating gastric ulcer, or simple colic or constipation. How will you diagnose it? By the history of the case, the pain, the recurrence, the two-sidedness, the sterility, the age of the patient, the position of the tumour low down in the pelvis, so that it can be felt *per vaginam* and per rectum, the shape of the tumour, the dyspareunria, and the duration of the cause.

Let me now read to you the notes of two cases which we have had in the hospital recently. The first patient I went down to Gravesend to see last year with her doctor. She was 47 years of age, had been married twice, but had never been pregnant. We could get no history of vaginitis nor of gonorrhœa. There was a big lump in the pelvis, which was very tender, the temperature was high, the tongue dry.

*Per vaginam*, the cervix could be felt, and there was something in the pelvis which was connected with the condition up above. In fact there was a lot of inflammatory exudation fixing the uterus, for its mobility was nil. But one could not decide whether it was pyosalpinx, or whether it was simple inflammation, or both. She was brought from Gravesend to London and came into Queen ward, and we kept her at rest in bed and applied hot douches, beginning with a temperature of 110° F., and working up to 120°, two gallons to each douche, three times a day. We also put on hot applications and poultices, and fed her as well as we could. She improved so much that it was decided not to operate, and she was sent home. But she again got ill, and began to lose flesh. If there is a lot of pus pent up, and especially stinking pus, the patient will lose weight. She was a very stout woman, but she became flabby and thin, and so she was taken in again, on April 10th this year. She told us she had never been well since she left the hospital before, and had been under the care of her Gravesend doctor all the time. She had only had pain in the back in the last three months, but the pain in the pelvis had never really left her. She had been having a yellow discharge for three months. Bimanually we thought we could get through this inflammatory swelling, a boggy sensation. So I decided to recommend operation, though, as a result of past experience, I knew it would be a difficult case.

On April 14th this year, the patient was taken into the operating theatre, anæsthetised, and an incision five inches long made in the middle line, extending downwards from a point starting half an inch above the umbilicus. The adhesions between the omentum and the neighbouring viscera and the abdominal wall having been broken down, the left Fallopian tube, about as thick as one's finger, was found running upwards and outwards into the mass. That was merely the uterine end of it. To the inner side of the tube, and attached to the mass, was a thin-walled cyst, the size of a hen's egg. The fluid in it contained no albumen. This cyst was emptied of its contents, and below it was a thick-walled swelling behind the broad ligament. By means of an aspirating needle we drew off pus and then injected formalin lotion 1 in 250. We repeated this many times, until the fluid came out fairly sweet. We filled it with salt and water several times so as to get rid of the formalin. In this way we killed practically all the germs, so that had the cyst burst during removal there would have been very little danger. The cavity was opened with a knife and the tube was removed piecemeal. A counter-opening was now made from the vagina, and a thick rubber drainage tube was put right through. Then we drew the omentum down, stitched it carefully over the remains of the tube to shut off the peritoneum, and then we closed the abdominal wound. Owing to the difficulty of breaking down the adhesions, and the elaborate sewing up, the operation lasted two and a half hours. She is still in the ward, in No. 18 bed. The temperature has dropped to normal, she is eating well, putting on flesh, has a clean tongue, and no doubt she will pick up well when she goes home.

The other patient left last week. She was only 38 years of age, but had been married twenty-two years. She had had two children, one of them now 19 years of age, and the other 12. There were no miscarriages. So she stopped having children when she was twenty-six. She came into the hospital on the 13th of February, and told us that the pain started on the 6th quite suddenly. It started at the bottom of the abdomen, in the middle line, and there had been an aching pain ever since. It became worse and passed to the left side. Micturition increased it. There had been no vaginal discharge until last night, when there was a little. The report does not say whether she has had vaginitis or not. On February 21st she was suddenly taken very ill, complaining of intense pain in the abdomen, worst on the left side. The temperature fell below the normal, and her pulse was 120. I was telephoned to and saw her soon afterwards. The abdomen was rigid and tender on palpation, but I decided to wait, on account of the danger of operating at that stage. That is the sort of thing which will bother you when you get into practice, especially in a country place, where you have no skilled assistance and are thrown upon your own resources. All I can tell you is, that it was not known what was the matter with the patient at the time, nor why she was collapsed. Extra-uterine fœtation and hæmorrhage were talked of, the latter because of her falling temperature. We decided to wait, because the danger of operating was greater

than the danger of waiting. If the patient had died and nothing had been done, we should have regretted we did not operate; and if we had operated and she had died, we should have regretted we did not wait. You will often find yourselves on the horns of such a dilemma, and whatever you do you may regret you did not choose the other alternative. On the 22nd the temperature was subnormal, and the pulse still rapid. On the 23rd the patient was decidedly better; temperature 99°, pulse 120; complains of pain. There is now a distinct pleuritic rub, as if she had some pyæmic condition. There was a tense elastic swelling on the left side, probably pyosalpinx. It seemed to me we might operate when she was a little better And in this instance we decided to operate *per vaginam*. If you can only open a pyosalpinx safely by the vagina, it is the best route, because then you do not interfere with the peritoneum. It used to be said that if you opened a pelvic abscess in the cellular tissue of the broad ligaments, the patient would get well, but if you opened a cavity containing secreting epithelium, like an ovarian cyst, or a Fallopian tube distention, those cells would continue to secrete pus, and so it would not heal. But that is not so. If you open a Fallopian tube which contains pus, and drain it from the vagina, it will get all right and heal, and it will yield its normal secretion afterwards. There was nothing about the first case which made it suitable for operation by the vaginal route; but in the second case it was low down in the pelvis, and so we were able to get at it. We ran a needle through the vaginal wall behind the cervix, but we drew off nothing by the first puncture. Then the needle was passed further forward and fortunately struck the pus, which was very offensive when it came out. Then an incision was made with a knife across the mucous membrane of the vagina, a long pair of dressing forceps was pushed right through the opening into the tumour; the blades were now widely opened and the forceps was forcibly withdrawn, tearing the tissues so as to make a good opening. That is Hilton's method of opening an abscess. By it you do not wound the vessels. Then we washed the cavity out first with saline fluid and then with formalin lotion lotion 1 in 1000, and finally with saline fluid again, so that nothing should be left behind to set up a fatal peritonitis. In the first case, where we put in a very thick drainage tube from above downwards into the vagina, the tube became blocked, so that two days afterwards ether had to be administered and the tube opened up again per vaginum, to permit of proper drainage. There are various kinds of tubes for the purpose, some with flanges, to prevent them from slipping out of the wound; but your own knowledge and ingenuity will tell you how far to insert the tube and how to keep it *in situ*. There is no note made since April 29th, so I cannot tell you further particulars, but I know the patient went out last week practically all right. Both these cases got well; one was operated upon through the abdomen, and the other *per vaginum*.

The treatment, when you know you have a case of pyosalpinx, nearly always comes to operation. It is treated by hot-water douches, by poultices, rest in bed, opiates, sedatives, and so forth, very often for a long time, simply because of the uncertainty of the diagnosis and the fear of running any risk by operating. The patient gets well, goes about, and then has fresh attacks, and if you are not up to the mark in regard to knowing these cases, the patient may go to your opponent in the town, who may recognise it and have an operation done, and so the patient may get well. These cases will repay your study far more than will the straightforward cases which come before you every day. It has been said that traces have been found of pyosalpinx which has cured itself; mercury has been given, and the pus has become absorbed. But as a rule you will find that operation is necessary. The operation which is least dangerous and most satisfactory to the patient is vaginal incision and drainage. An operation which is also successful and curative, but highly difficult, and not free from danger, is abdominal section for removal of the tubes, and drainage if necessary, either from the bottom of the pelvis, or through into the vagina if necessary. You, of course, remove the tubes, and generally the ovaries with them, because the ovaries are usually found to have beads of pus in them, which pus, if they are left behind, will be a source of danger. The late Lawson Tait, to whom the profession is greatly indebted for our knowledge of pyosalpinx, strongly advocated the removal of both tubes and ovaries whether one was found healthy or not, because if you do not remove both, the same condition will very likely start in the one left. The removal of both ovaries makes the patient sterile, and starts the change of life. But she was sterile before. We certainly leave an ovary where we can, and conservative operative surgery is practised by most operators. If a part of the ovary is healthy it is left, and then the woman will continue menstruating, and will not assume any masculine characteristics, nor

will she have hot flushes or get stout. If you have to operate on these cases you should aspirate the tumour and wash the cavity out before you set to work to separate the adhesions. I do not know anything in surgery which is more difficult to do than the removal of a bad case of double pyosalpinx. Some people advocate, in these cases, trying to remove the tubes through the vagina, by opening the anterior fornix. Others open the posterior fornix and so get into the peritoneal cavity to remove it. They are difficult enough to open in the front by a good light, and they are more so when you have only your fingers to guide you in the dark. Another method is by abdominal or vaginal hysterectomy, which the French advocate. They say the uterus is in the way of drainage, and they remove it just as they do for cancer. Sometimes there are adhesions of lymph on the top, which shut off the peritoneal cavity. You may be forced to remove the uterus because you find the tubes so adherent that they cannot be separated from it.

If in practice you find yourself called upon to deal with a case of pyosalpinx, please remember some of the salient points I have been trying to explain to you. If you find the patient has recurrent attacks, you will have to consider whether the time has not arrived for operative interference. The patient may declare that, whatever you say, she will not be operated upon. You must point out the danger of recurrent attacks, and that though she may recover from them, yet one can never be sure that an attack might not prove fatal, and every attack at the very least means being laid up a long time.

## Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Clinical Surgery, by Mr. Steward, on Fridays, June 23rd and 30th.

Clinical Medicine, by Dr. Bryant, on Wednesdays, June 21st and 28th.

Clinical lecture by Mr. Steward, on Monday, June 19th.

Clinical lecture by Mr. G. B. Smith, on Monday, June 26th.

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| Williams, Henry (420s.)—Messrs. Robinson & Sons Ltd., 100; Messrs. Blofeld & Son, 105; Edmund Prier, 50 ... ... ... ... ... ... | 255 |
| Worthington, Dr. Sidney—Collection 10 ... ... | 10 |
| Wornum, Mrs.—Miss Low ... ... ... ... | 5 |
| | 51,751½ |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 620½ |
| TOTAL (up to 14th inst.) | 52,372 |

# A Case of Trional Poisoning.

A. J., nurse, æt. 40, short, stout, negroid type, first came under treatment for œdema, sickness and headache. She had suffered from acute Bright's disease four years previously, during which time she was an in-patient at "Guy's." She states that she has had frequent albuminuria since then, and that she nearly always has œdema of the face in the morning, and of the feet in the evening. The urine was first examined on May 10th. It was clear, rather pale coloured, and appeared ropy like "egg-water" in the test tube. Sp. gr. 1010, acid. No blood, no sugar. On boiling, the greater part of it became solid, and fell out of the tube in a lump. The patient was put to bed. Sickness being a prominent symptom, and milk not being tolerated, she lived principally on thin broths and "Imperial Drink" for several days.

On May 12th, eighteen ounces of urine as described were passed. The following day there were only six ounces, but the sp. gr. was 1030, and the bowels had been copiously moved; also there had been much sweating, as a result of a hot air bath. The same night trional grs. xxx. were given to procure sleep. This was repeated the following night. None was given on the 15th.

On the 16th, grs. xx. were administered. The urine remained loaded with albumin.

On the 17th, not a trace of albumin could be found. The urine was still very scanty, sp. gr. had risen to 1060, but proportion of urea was only slightly in excess of normal.

From this time onward for twelve days only occasional traces of albumin could be discovered, the urine remaining scanty, pale coloured, and sp. gr. rapidly dropping to about 1010. Trional had been given nearly every night, grs. xx. or xxx. Altogether ʒvi. were taken in a fortnight.

The patient now began to complain of pain in the region of the bladder, and the urine became a dark sherry colour. The trional not being suspected, another dose was given. The following day the symptoms were greatly aggravated. The urine was deep porter coloured, no blood or albumin present. The pain had spread all over the abdomen, up into the chest and throat. It was extremely severe, the patient rolling about in agony, described it as though she were being scalded all the way down inside, from her mouth right through to the rectum.

Vomiting was incessant. Pale yellow watery material not giving the "bile" reaction. Relief could only be obtained by morphia hypodermically. There was no purging. The urine remained dark, the pain intense and the vomiting constant for three days after last dose of trional. Notwithstanding the severity of the symptoms the patient never became cold or collapsed. The temperature averaged about 99°, and the pulse never exceeded 100.

The signs and symptoms gradually subsided, and by the end of a week nothing but a dull aching pain at the lower part of the abdomen remained.

I have ventured to publish this case as it presents several points of interest.

In the first place, many medical men to whom I have mentioned it, seemed surprised that it should be at all likely that any poisoning symptoms should arise from "harmless trional."

Secondly, Did the presence of the nephritis make the patient peculiarly susceptible to repeated doses of the drug? And further, Had the antiseptic, or other quality of trional, anything to do with the extraordinary manner in which the albumin disappeared?

The symptoms are almost exactly those of sulphonal poisoning, as are, I presume, all those of the "Phenol" group.

A case is recorded of recovery after three ounces of trional had been taken at a single dose. Six drachms in fourteen days is perhaps a rather large quantity, but would one expect it to produce such severe symptoms?

Finally, it is noteworthy that it required a week to eliminate the poison.

B. F. PENDRED.

Loughton, June 9th, 1905.

# On Tramp for the Hospital.

SEE here is our first house, the outer border of the defences which we are to storm, the vanguard castle of a long terrace of cottages. Is there anything, in actuality or in imagination, more drearily forlorn than a suburban terrace on a spring afternoon? And this one, perhaps, is the dreariest, for there is nothing to relieve its dulness or to vary the monotony of its mathematically straight lines. The little wall of circumvallation round the garden, topped by dust grey privet bushes, the fading nasturtiums dwindling to seed in the window sill pots, the red brick of the walls and the blue slates of the roof in inharmonious contrast; the fern pot over the door in the porch, uncared for, weedy, a scarecrow of a Pteris or whatever its genus may be, all that and much more you notice in one glance. One need not be a Sherlock Holmes to observe much in a second, and to draw deductions from what has been observed. In this case they are discouraging. The fern pot is a bad sign, for the man who does not care about his flowers will hardly care about contributing to the hospital funds. In the crannies of the wall, where the bell has been fixed, are slender cobwebs, the remains of a half-eaten fly; perhaps, if you look closely, the waving legs of a spider. Ring.

Mrs. John Jones has heard of the hospital, and of course of the fund. What a pity it was it should be in straits. Mrs. John Jones would willingly contribute a sixpence. And as she has no change, would twelve ha'penny stamps do?

There! what else could you expect from a house where they allow their Pteris to become a fit inmate for a botanical hospital? Come away: let's try the next. It looks the same, almost, but there are no nasturtiums, only a dingy fuchsia in a pot immeasurably too big for it, and a wealth of flowered maroon curtains showing through the half-open window. As you sit waiting for Mrs. Crumbley to appear, you notice that there are signs of comfortable respectability about the drawing-room. You have time to glance at the titles of the books on the table—George Herbert, A'Kempis, a spick-and-span Shelley that looks as if it had never been opened. And while you are yet forming an ideal in your mind, in which Mrs. Crumbley figures largely as a white-capped old dame scratching out "and order" from a cheque for one thousand shillings in the hospital's favour, that lady appears herself, and shatters your dreams of suburban generosity by presenting you with eightpence in coppers, two threepenny bits and a farthing.

Why dwell on the painfulness of that terrace round? You may learn from it, as from all failures, the stray bits of experience and knowledge which wiseacres say will ultimately bring you success and blessing. At the moment it brings only a sense of wounded pride, a soreness that almost amounts to indignation against the community in general and two or three of its members in particular who have sent you away empty handed. You feel like Gil Blas of Santillane in the robbers' den, amazed at the want of charity in the world in spring time. And so you trudge off to the "Jolly Carpenters," and in the half-empty bar, while the landlord serves you, you discuss pathetically and parenthetically the question of suburban liberality.

I shall not attempt to repeat what the landlord said. Some day, when there is a want for an article on "How publicans express themselves on questions of the day," my notes of that conversation may be useful. At present, in view of the fact that this journal is read by the Dean and even by old ladies, whose chief cares in life are Persian cats and doing good (would there were such in that terrace!), I will forego the interesting discussion which his use of certain words in certain unorthodox senses would give rise to amongst etymologists. In that round of dusty uncharitableness on that afternoon in lilac-scented suburbia, the one bright point that remains shimmering in my recollection is that loud-voiced, dewlapped landlord, and his vivid, sincere, heartfelt appreciation of the merits of our institution. He spoke of many things, not merely as the carpenter and the obnoxious walrus, of sealing wax, cabbages and kings only. He harked back to old times "when 'e was 'isself in the orspital hunder mister 'Ows" and had hot fomentations applied hourly to his leg for some complaint which he had forgotten, but in a manner which he remembered, "seein' they did it so clean like that it 'most never 'urt" him. He showed the scar, a blue white ridge rising on a hairy, well-developed leg as the Dolomite peak out of the fir forests. He scoffed at the terrace houses and grew vindictive, personal, almost libellous in his remarks as to the solvency of some people he knew. And at last, with a half-shamed apology that times were not so well as they used to be, "all along of them furriners," he gave half a sovereign.

Now, when I come to think of it, there are faults, mistakes, grave and very great ones, in such a system of house-to-house visitation. Ten minutes or twelve are not sufficient to explain the hospital or to get at that charity which, according to Noval, is inherent even in idiots. Nor is it the wisest course to set forth on your leaflets the bald statement of debit and credit, of income so much and expenses so much during so long a time. Three figures soak slowly into a man's mind, five still more gently, and when it comes to hundreds of thousands the average man thinks that it is a case for a Carnegie, not for him. May I offer the suggestion to the powers that be that they should put up their statistics, as certain firms do their drugs, in "a pleasant and palatable"—in a popular form. Not in the shape of fulsome advertisement, in appeals to maudlin sentimentality, in perorations of which the dominant note is pure unadulterated bathos, but in the form of plainly-worded, accurate, concrete enumeration of facts, and of facts that appeal. If you tell a man that the monthly bandage bill in one ward alone amounts to more than ten guineas, that the yearly consumption of cod liver oil in the dispensary is so many tons, that the cost of an in-patients' breakfast

is so much, of his afternoon tea so much, you present him with things he can understand. When your suburbanite knows that his shilling will enable the front surgery to possess so much more lint he might be induced to give it, for then his coin appears to have a definite, substantial value. Mingled in the huge sum lost "through depreciation in agricultural land value" it seems nothing, and he gives next to nothing. You might of course carry this method of popularising statistics to excess, suggesting, for instance, prettily that the amount of coal consumed in Addison ward on a winter's day would be sufficient to carry Admiral Togo's flagship from the left pier of Nagasaki harbour to the opposite side, a distance of exactly three hundred feet. But in that case you might infringe the copyright of the *Times'* encyclopædists, and in the present low state of the hospital finances a settlement out of court would be costly and burdensome.

It is an axiom of political economists that statistics can prove anything. Henry George showed statistically that ownership in land was detrimental to the welfare of the citizen, Seligman precisely the reverse. What if the suburbanite has learnt the lesson and looks askance at your lengthy list? Confront him with small details which he is able to assimilate and you will touch him. That at least is the impression I have gathered from various trampers on that early May day. Your tramp is ended. As you count your takings, while the landlady prepares tea, you can reflect leisurely on all these things. Six, seven, eight, fifteen shillings, what are they? So much, so little, to show that you had at heart the interest of what a Member of Parliament, more than a hundred years ago, called "the perpetuation of the monumental generosity of a Cornhill bookstall keeper."

## Governors' and Staff Dinner.

A COMPANY of seventy-six sat down under the chairmanship of the Treasurer at Oddenino's Imperial Restaurant on Tuesday, June 6th, and after an excellent dinner listened to a toast list of moderate length, the speeches being interspersed with songs and music. After the loyal toasts had been drunk, the Right Hon. Sir Joseph Dimsdale, in the unavoidable absence of the Hon. G. J. Goschen, proposed Prosperity to Guy's, an institution the value of which he so fully appreciated, as he was a citizen of London by birth and residence; with this toast he coupled the name of the Treasurer, whose contemporary he was at Eton. Mr. Bonsor, in his reply, thanked the Governors and Staff for the able way in which they had responded to his appeal for financial help, and had assisted him in paying off the debt the Hospital owed to their bankers. The Medical and Surgical Staff were proposed by Mr. Norman, the toast being acknowledged by Dr. Taylor and Mr. Lucas. Sir Cameron Gull, in proposing The Consulting Staff, considered his a most important toast, as it proposed to honour the teachers of the present Staff, and he appealed to them to publish the secret of perpetual youth, which they appeared to possess. Dr. Pavy, in response, contrasted the present means of travel with those existing when he travelled from Wiltshire to London in order to enter as a student, his choice of hospital being entirely due to the fact that he was attended in a transient illness by the father of Dr. Pye-Smith, the present Vice-Chancellor of London University. Mr. Bryant also responded and said how proud he was of the Hospital and its Staff, though his active duties had now ceased for seventeen years. In proposing The Treasurer, Dr. Pye-Smith pointed out that Mr. Bonsor had lived up to the great reputation of his eminent predecessors, and considered that the motto *Si monumentum quæris circumspice* could appropriately be assigned to him. The Treasurer briefly replied, wondering whether a Consulting Treasurership would be created for his benefit on his retirement, and the proceedings then terminated.

## Dental News.

THE following notes, from a lecture by Mr. Parfitt, on the Consolidation of Gold may be of interest to those who seek a more exact knowledge of the "why and wherefore of things," especially is this now the case, as there has lately been a certain amount of discussion among the Dental Societies on this subject.

As will be seen later, it is impossible to have one fixed rule for all types of this work—rather, should one follow the advice given by Cæsar to his generals, "Take action as time and circumstances should demand."

The consolidation may be accomplished either by steady pressure or by a blow, which latter is merely a name for a pressure (usually greater than the former) applied for a much shorter period of time.

This question of "duration of blow" is of more importance than, at first sight, appears, for the layers of gold require a definite, though small, period of time to bend, so that if the blow is of too short duration, the superficial layers alone are consolidated, leaving a still spongy layer beneath—in other words, the blow lacks penetration.

The amount of pressure exercised by the face of the plugger is easily worked out by elementary mechanics, being equal to (i.) the pressure applied through the long axis of the instrument; multiplied by (ii.) the sine of the angle which the plugger face makes with that axis; from this we see that if the plugger face is at an angle of 45°, the force exerted by the face is about one-half the root of two of the whole force exerted.

From the following table it will be seen that we have at our disposal a large variety of means for applying pressure in its different forms; common sense will indicate

the circumstances under which the different blows are most useful:—

| Instrument. | Duration of Pressure. | Amount of Pressure. | Penetration. |
|---|---|---|---|
| A. Hand Pressure | Longer than B, C or D | Less than B, greater than C or D | Greater than B, C or D |
| B. Hand Mallet | Longer than C or D, shorter than A | Greater than B, C or D | Greater than C or D, about equal to A |
| C. Automatic Mallet | Longer than D, shorter than A or B | Less than A or B, greater than D | Less than A or B, greater than D |
| D. Rapid Blow Mallet | Shorter than A, B or C | Less than A, B or C | Less than A, B or C |

In the *Dental Record* for June there are several articles well worth attention, one of these, a prize essay on the Progress of Dentistry, deals with the development of dental work from as far back as the year 500 B.C. Reading this article reminds us of sundry ancient tomes in our possession, which on examination yield a fund of interesting and often amusing detail concerning the treatment meted out to patients in bygone times. Among other things we learn that the ancients suspended leaden pincers in the Temple of Esculapius, as a sign that no greater force than that available with such implements should ever be used for the removal of offending members. This was undoubtedly the leaden age of the experimental sciences.

Whenever we happen on a method of Treatment for exposed or devitalized nerves, the fact is forced upon us that in those days there must have been joy in the land of casualty dressers—hardly would a patient return, with such depressing persistence, for the treatment of a refractory dermal appendage to the oval cavity, which should, but for the zeal of the allotting officer, have been, from among its fellows, a vagabond and an outcast.

## Guy's Hospital Dental Society.

THE Annual General Meeting was held on June 2nd, the President, Mr. R. Wynne Rouw, M.R.C.S., L.R.C.P., L.D.S., occupying the chair. When the minutes of the last meeting had been read and confirmed, the Hon. Sec. was called upon for his annual report. This having been passed, Mr. Vine proposed, and Mr. Fuller seconded, an addition to the rules, which was carried unanimously. The election of officers for the ensuing year was then proceeded with and resulted in the following:—President: Mr. Hopson, L.D.S. Vice-Presidents: Messrs. J. L. Payne, P. Turner, P. S. Campkin, E. B. Dowsett, R. Wynne Rouw, R. P. Rowlands. Hon. Sec. and Treasurer: Mr. J. A. Bowes. Dental Correspondent to GAZETTE: Mr. Beadnell-Gill. Committee: Messrs. Weller, Simms, Riches, Visick and Fuller. The meeting then terminated with a very hearty vote of thanks to the retiring President for his untiring efforts on behalf of the Society.

## Specialities.

### New X-ray Operating Table.

WE should like to bring to the notice of Guy's men, and especially those who are interested in Radiography, a new table called "The Shenton Sanitas X-ray Operating Table," designed by Mr. W. H. Shenton, and made by the Sanitas Electrical Company. We may note that the first table made has come into the possession of Guy's Hospital owing to the generosity of Mr. Shenton, who has presented his designs to the Company in return for the gift of the table.

For the table itself we have nothing but praise, as it is well made, neat and ingenious, and yet is simplicity itself in the working parts. The main idea is that the whole mechanism of darkening the room, turning on the tube, and regulating its position, are all under the control of the operator as he stands beside the table. By one and the same movement, by raising a light foot switch running the whole length of the table, the room is darkened and the current in the tube turned on, by lowering it the room is again lighted and the current is turned off. The position of the "tube" is altered by three handles which respectively raise or lower it, move it backwards and forwards or from side to side. The "tube" itself is contained in a lead-lined box with a small opening for the rays in its upper surface. This box and the mechanism for adjusting its position (*i.e.*, the three handles and gear) are mounted on a trolley running smoothly on guides the length of the table.

Another device attached to the trolley, and so running with the tube, is a holder for the "screen," which can be inclined to any angle and fixed there; under the screen is a plate holder which can be adjusted so as just not to touch the patient, thus doing away with any risk of movement of the plate on the part of the patient.

The top framework of the table with its canvas cover is detachable, and can, if need be, be used as a stretcher, handles being provided for that purpose.

The table itself can be fixed to the floor by special adjustable screw feet.

Such, then, is a brief description of this excellent table, every part of which has been designed on thoroughly practical lines, and we have no hesitation in congratulating both the designer and the makers on their praiseworthy production.

## Pass List.

### Cambridge University, May, 1905.

DEGREE OF B.C. CONFERRED.

R. E. French.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## Fifth Annual South African Civil Surgeons' Dinner.

SIR,—Through the medium of your Journal we should like to call attention to the above Dinner, which will take place on Tuesday, July 4th, 1905, at eight o'clock, at the Imperial Restaurant, Regent Street. Mr. W. Watson Cheyne, C.B., has kindly consented to take the chair. Reply cards will be sent to those whose addresses are available, and we hope that those who wish to attend will reply as soon as possible. The price of the dinner will be 10s. 6d. (exclusive of wine).—We are, sir, yours faithfully,

FRANCIS E. FREMANTLE, } Honorary
C. GORDON WATSON, } Secretaries.

44, Welbeck Street, W.
June 7th, 1905.

## A Plea for the "Lighter Vein."

SIR,—Last Saturday I showed a copy of the current number of the "GAZETTE" to an old Guy's man. He remarked, "What has become of those articles 'In Lighter Vein?'" As this is a question which I have often heard in the hospital lately, and which I have frequently asked myself, it is, perhaps, as well that it should be passed on to you, in order that we may know the answer.

Those articles, though often frivolous and sometimes (alas!) not strictly true, were, however, of great interest to most of us, and helped to make our GAZETTE more largely read and more widely known. It may be said that the GAZETTE, as our official organ, should not lend itself to anything which is not truly official.

In answer to this, I would respectfully suggest that the "GAZETTE" is neither the *Lancet* nor the *B. M. J.*; and if it is to fitly represent us, it should show our humorous, as well as our more sober side.

Even Homer was wont to nod at times. The mighty Zeus himself was frequently accused of unbending. Surely the GAZETTE may follow such leaders!

Nearly all the hospital Journals I have read—and their name is Legion—contain some form of Lighter Vein. Ours used, at one time, to rival the best of them. Now, the GAZETTE has ceased to make us laugh, and refuses to let us smile even, confronting us, as it does, with a Collecting List on one page and a Pass List on another. —I am, sir, yours, etc.,

ALBERT SHEPPERD.

## Hospital Abuse.

SIR,—I notice some remarks in your issue of June 3rd concerning certain medical men, who met in Trinity Street on Friday, May 26th, to discuss if means can be found to prevent patients using the hospitals when the circumstances of the patients render them able to pay for medical and surgical attendance either in their own homes or in private nursing institutions. Many medical men, whose views I have heard, contend that large numbers of the commercial classes go to the hospitals for everything but the merest trifles or for confinements. If that could be stopped, the hospitals as well as the members of the medical profession would benefit, and not only general practitioners but consultants also, as these latter give their knowledge and skill in the hospitals to a considerable number of persons who ought to be paying them substantial fees. Such cases as these: I saw a man in the out-patients at Guy's who shortly afterwards retired from business, having been left money and having saved £8,000 in ten years—as I was informed by his relative and successor in the business, who is a patient of mine. I also saw another man with an old and flourishing business, and who has no family. These men took up the surgeon's time and got his advice in one case and his advice and skill in the second for nothing, when they could afford to pay his proper consulting and operating fees. Again, I recommended operation in a particular case. The patient was taken to a hospital and operated upon. The parents three or four years later retired and took a private house, and it was by the child's mother and in the private house that I was told of it in answer to my question:—not the least concealment; she said they could not pay, but, as I say, they retired from business three or four years later.

A case I knew of a year or two ago paid a hundred and fifty guineas to a member of the Guy's staff; I was present and saw the money paid. The wife of a man living opposite required operation; he was infinitely better off than the other case, but sent his wife to a hospital.

It may be a matter of indifference to the staff whether a few patients, able to pay fees of that sort in their private houses or in a nursing home, go to a hospital and get the work done for nothing, but it is not a matter of no consequence to most general practitioners to lose the attendance in these cases. I contend that, if it be possible, it is desirable: first, to free the hospitals, struggling with a mass of patients with insufficient incomes, from the tax of attending patients of the sort mentioned above; second, to prevent medical men of all sorts losing the fees for attending on these patients. These, except the last case given, are only a few out of many which have occurred in my practice alone in a year or two, and I have no working-class patients.

When the gentleman who wrote those paragraphs respecting the medical men who meet in Trinity Street finds himself in practice and his living depending upon his professional earnings, and then seeing well-to-do patients going to the hospitals and depriving him of fees they can well afford, he will possibly view the matter in the same light as do those medical men who met in Trinity Street on May 26th.

I should like to add that I hold no brief for anyone, and am writing on my own account alone.—Yours faithfully,

G. P.

## Teaching of Obstetrics.

DEAR SIR,—May I again ask your kind permission to insert a few lines on the "Teaching of Obstetrics"?

The following statement in your issue of June 3rd—"The proud boast of the Guy's charity that forceps are rarely applied perhaps contributes to the inexperience of the newly-fledged Doctor, but certainly to the ultimate benefit of the patient"—is very difficult to understand.

How can *inexperience* in perhaps the most important operation in a medical man's practice be of "ultimate benefit to his patients"?

It would be very interesting to hear the reason for "The proud boast of the Guy's charity that forceps are rarely applied."

If, as is implied, the forceps record is lower than that of other lying-in charities, it must mean that the ladies in the Boro' have peculiarly pliant and strong perinea—above the average—and also that cases of slightly contracted pelvis are especially rare.

If, on the other hand, the "proud boast" refers to the withholding of forceps as mentioned in Dr. Bryan's letter in the GAZETTE of April 8th—I hope this is not the case—then I can only agree with him by saying that the patients are not humanely treated.

Also in this case good midwifery is neither taught nor practised. All general practitioners will agree that a knowledge of the use of forceps is an absolute essential. The application of high forceps is for the most part indicated in cases of urgency.

If the Doctor applying them is *not experienced* he will in the first place find difficulty in applying them and may lose valuable time or injure the patient in his attempts—this has been done before now. When applied he will very likely split the cervix, perhaps with an immediately fatal result, or at any rate leave the patient with a condition from which a host of symptoms may arise in later years. He will probably bruise the vagina and may injure the bladder. Finally he is likely to tear the perineum and also the rectum.

Are all these conditions of "ultimate benefit" to the patients?

As regards low forceps, it frequently requires considerable skill and experience to extract without tearing the perineum. An experienced man will save many a perineum, while the inexperienced will tear most. Which is to the "ultimate benefit of the patient"?—I remain, dear Sir, your obedient Servant, G. P.

June 12th, 1905.

## Papers by Guy's Men.

Typhoid Fever and Pregnancy, with special reference to Fœtal Infection. By H. T. Hicks, F.R.C.S. Eng., and Herbert French, M.D., M.R.C.P.—*The Lancet*, 3rd June, 1905.

A Case of Pyrexia following Childbirth treated with Antistreptococcic Serum. By P. H. Ward, M.R.C.S. Eng., L.R.C.P.—*Ibid.*, 10th June, 1905.

The Treatment of Gonorrhœa. By Major C. E. Pollock, R.A.M.C.—*The Journal of the Royal Army Medical Corps* for June, 1905.

## Reviews.

*The price of books submitted for review should in every case be stated.*

*The Open-Air Treatment of Pulmonary Tuberculosis* By F. W. Burton-Fanning, M.D., Cantab. pp. viii. and 176. (Messrs. Cassell & Co.) 5s.

We can unreservedly praise this second instalment of the new series of Text Books on Modern Methods of Treatment which Messrs. Cassell are publishing. Everybody acknowledges that consumption should be treated by open air, and many talk glibly about sanatoria and home treatment, but few medical men can arrange the details thereof methodically and inexpensively, so that this book written by an expert supplies a very real want. Dr. Burton-Fanning deprecates the expenditure of much money as quite unnecessary—money is much better spent in helping the consumptive working man after his discharge from the sanatorium than in building elaborate edifices for his treatment. All buildings should be of the simplest description—mere one-storied sheds, or, better still, square summer houses with three open walls, which can be rotated on pivots till the dead wall faces the wind, such as a carpenter can build for a few pounds. Though these can be erected in any consumptive's garden, sanatoria are necessary in many cases, as they teach the patient by actual practice what rules of life he should adopt, and also by discipline enforce the absolute rest which the author considers necessary for the pyrexial patient,—though it is not insisted on at Nordrach.

A very good chapter is given on the etiology of the disease, in which stress is laid on the power of resistance inherent in the individual as being more important than the path of infection, and it is pointed out that overexertion, by lowering resistance, predisposes in a marked way to phthisis—a disease which, our author says, athletes are especially prone to. The oral temperature he considers is quite sufficient, provided the thermometer be retained in the closed mouth for ten minutes. We are told that the slighter forms of laryngeal disease do well under treatment, though we had always imagined that its advent heralded the last stage in phthisis, and indicated a very grave prognosis.

The author is to be congratulated on having written a most readable and useful manual on a subject of the greatest interest to the medical practitioner.

# Sport.

## Guy's Hospital Athletic Sports.

The Annual Sports were held at the Honor Oak Ground on Thursday, June 15th. The weather was conducive to good running, and the track, carefully prepared by Harris, was in splendid condition. New talent was discovered in S. H. Browning who won the 220 yards in 24 seconds. S. Reader jumped 5 feet 2 inches, but failed to concede 3 inches to R. G. Goam. The Association Football Club were again unbeaten in the Relay Race. In the Veterans' Race E. L. Norton and E. Morgan created some excitement by fouling one another and falling beneath the tape. The prize was awarded to E. Morgan. H. N. Eccles again turned out well trained, and ran in great style, winning the half-mile and 440 yards. The Donkey Race caused much amusement and many bruises. Mr. Higgens again rode and won his heat, but was beaten in the final. Mrs. H. T. Hicks kindly gave away the prizes. Mr. Clement Lucas, although late, was in time to give us one of his excellent little speeches, and proposed three cheers for Mrs. Hicks. These having been given, Mr. Hicks replied that he was pleased to be present at the presentation, and thanked us for asking Mrs. Hicks to give away the prizes. The day terminated with three cheers for Mr. Clement Lucas, the President of the Athletic Club.

100 YARDS.—1st Heat: 1. A. W. Berry; 2. J. L. Rankine. Time, 10⅘ secs. 2nd Heat: 1. R. Rankine; 2. H. N. Eccles. Time, 10½ secs. Final Heat: 1. A. W. Berry; 2. J. L. Rankine. Time, 10½ secs.

PUTTING THE SHOT.—1. J. L. Rankine, scratch; 2. R. Rankine, allowed 2ft. 6in.

HALF MILE.—1. H. N. Eccles, scratch; 2. W. H. Watson, 5 yds. Won easily in 2 mins. 10 secs.

120 YARDS HURDLES.—1. S. H. Browning.

HAMMER.—1. R. Rankine, allowed 15ft.; 2. J. L. Rankine, scratch.

ONE MILE.—1. W. H. Watson, scratch; 2. A. W. Berry, 20 yds. Time, 5 mins. 1 sec.

220 YARDS.—1. S. H. Browning, 8 yds.; 2. H. N. Eccles, 2 yds. Time, 24 secs.

VETERANS' RACE (150 yards).—1. E. Morgan; 2. E. L. Norton.

HIGH JUMP.—1. R. G. Oram, allowed 3in.; 2. S. Reader, scratch, and S. H. Browning, allowed 1in. Height, 5ft. 4in.

440 YARDS.—1. H. N. Eccles, 5 yds.; 2. — Haycraft, 10 yds. Time 55⅘ secs.

LONG JUMP.—1. M. M. Adams, allowed 2ft.; 2. S. Reader, scratch. Distance, 20ft. 9in.

3 MILES.—1. V. Townrow, 40 secs.; 2. M. Marks, 1 min.

DONKEY RACE.—1. J. E. Hodson; 2. C. E. M. Jones.

RELAY RACE.—Association Football Club.

# Cricket.

## GUY'S v. UNIVERSITY COLLEGE HOSPITAL.

INTER-HOSPITAL CUP-TIE.—SECOND ROUND.

Played at Honor Oak Park on Wednesday, June 7th, 1905. The wicket was declared unfit for play by the umpires, but both captains agreeing, the match was proceeded with. We batted first, and Barnett shortly pulled one on to his wicket. Riches and Bookless then made a great stand, and were still not out at lunch time. Bookless was run out at 109, and Smith and Morgan helped Riches to add to the total. Riches was not out 116, when the innings was declared closed with 4 wickets down for 249.

University replied with 107, Bartlett taking 7 wickets for 40, Morgan 2 for 37, and Kahlenberg 1 for 8. Bartlett's average would have been still more flattering had three easy catches been taken off his bowling. Scores:—

GUY'S.

| | |
|---|---|
| J. S. Bookless, run out | 57 |
| E. Barnett, b Bowen | 1 |
| N. Riches, not out | 116 |
| P. Smith, lbw, b Cooper | 36 |
| E. Morgan, b Cooper | 31 |
| Extras | 8 |
| Total | 249 |

R. Willan, H. Simms, G. N. Bartlett, S. M. Wells, F. Kahlenberg and A. M. Tolhurst did not bat.

UNIVERSITY.

| | |
|---|---|
| R. M. Woodsend, b Morgan | 4 |
| E. C. Clouston, b Bartlett | 0 |
| E. E. Christie, b Bartlett | 10 |
| K. H. Stokes, c Simms, b Bartlett | 2 |
| A. H. Laurence, b Morgan | 3 |
| W. F. Bowen, b Bartlett | 53 |
| N. R. Foster, b Kahlenberg | 21 |
| L. R. Cooper, b Bartlett | 4 |
| H. H. James, b Bartlett | 0 |
| W. L. Fretz, c Morgan, b Bartlett | 6 |
| C. A. Rogerson, not out | 0 |
| Extras | 4 |
| Total | 107 |

## GUY'S v. BECKENHAM C.C.

Played at Honor Oak Park, Saturday, June 3rd, 1905. This match produced some very high scoring on a perfect wicket. Digby played a good innings and was unlucky to miss the century. Scores:—

BECKENHAM C. C.

| | |
|---|---|
| H. S. Hilder, c Tolhurst, b Kahlenberg | 3 |
| A. B. Baker, b Morgan | 105 |
| H. Z. Baker, b Bookless | 78 |
| R. Curwen, b Bookless | 37 |
| P. C. Baker, c Morgan, b Willan | 8 |

| | |
|---|---|
| C. H. Lushington, not out | 67 |
| C. P. Cole, not out | 34 |
| Extras | 18 |
| Total (5 wickets) | 350 |

C. W. McAndrew, H. B. Vincent, W. A. Powell, E. H. Stenning, did not bat.

GUY'S.

| | |
|---|---|
| J. S. Bookless, c and b McAndrew | 56 |
| W. E. Digby, run out | 90 |
| H. Simms, b McAndrew | 1 |
| A. M. Tolhurst, not out | 48 |
| H. Archer, c McAndrew, b Cole | 34 |
| F. Kahlenberg, not out | 15 |
| Extras | 16 |
| Total (for 4 wkts.) | 260 |

R. Willan, P. Smith, E. Morgan, A. H. Pickett, W. Clark, did not bat.

## GUY'S v. NORBURY PARK C. C.

Played at Norbury, Whit Monday, 12th June, 1905, and won by our opponents by 4 wickets. Scores:—

GUY'S.

| | |
|---|---|
| J. S. Bookless, c & b Hicks | 30 |
| G. F. E. Allison, b Wilson | 4 |
| R. Willan, b Wilson | 8 |
| P. Smith, b Wilson | 11 |
| A. M. Tolhurst, c & b Wilson | 12 |
| E. Morgan, absent | 0 |
| — MacDougal, c Hammill, b Hicks | 3 |
| H. G. Gibson, not out | 36 |
| G. N. Bartlett, b Jordan | 2 |
| M. M. Munden, c & b Wilson | 0 |
| J. H. Macaldin, b Jordan | 0 |
| J. L. Atkinson, st Hicks, b Jordan | 8 |
| Extras | 6 |
| Total | 120 |

NORBURY PARK C. C.

| | |
|---|---|
| M. C. Dahl, b Bartlett | 9 |
| T. Rutter, c Allison, b Bartlett | 22 |
| P. F. Wilson, c Tolhurst, b Smith | 46 |
| N. Hammill, c Bookless, b Bartlett | 3 |
| H. K. Whiting, b Bookless | 0 |
| V. A. Hicks, b Bartlett | 0 |
| G. B. Tate, c Munden, b Willan | 2 |
| H. C. Plummer, not out | 38 |
| M. Reicheit, b Morgan | 10 |
| F. C. Dight, b Smith | 7 |
| F. L. Jordan, not out | 1 |
| Extras | 10 |
| Total (9 wickets) | 148 |

J. J. Macaldin did not bat.

Bartlett took 4 wickets for 35; Smith, 2 wickets for 17.

## GUY'S v. LONDON COUNTY C.C.

Played at Crystal Palace, Wednesday, June 14th, 1905, and won by our opponents very easily. Wells batted very well for us, as did Langdale and Simms. Score:—

GUY'S.

| | |
|---|---|
| J. S. Bookless, c Williams, b Snow | 1 |
| F. Morres, st Brewer, b Marshall | 3 |
| R. Willan, c Williams, b Marshall | 2 |
| P. Smith, c Marshall, b Snow | 0 |
| H. M. Langdale, b Marshall | 29 |
| A. M. Tolhurst, c Brewer, b Marshall | 4 |
| E. Morgan, c Williams, b Marshall | 0 |
| H. Simms, b Snow | 32 |
| S. M. Wells, not out | 50 |
| G. N. Bartlett, c Marshall, b Snow | 9 |
| F. Kahlenberg, c Gothard, b Marshall | 13 |
| Extras | 6 |
| Total | 149 |

LONDON COUNTY.

| | |
|---|---|
| P. G. Gale, c Bartlett, b Bookless | 37 |
| T. T. Brewer, c Willan, b Bartlett | 75 |
| A. Marshall, c Morgan, b Kahlenberg | 7 |
| R. Kenward, run out | 19 |
| P. Williams, b Morres | 75 |
| L. Covell, not out | 42 |
| E. Hay, not out | 2 |
| Extras | 35 |
| Total (5 wickets) | 292 |

E. White, T. Cassels, F. Gothard and Snow did not bat.

## GUY'S II. v. LONDON II.

JUNIOR CUP-TIE.—FIRST ROUND.

This match was started at Honor Oak on Tuesday, May 30th, but had to be abandoned on account of rain. Guy's were batting, and had made 165 for 5 wickets. Archer (49) and Digby (57) both batted well. Harvey and Gibson were batting with 23 and 15 when stumps were drawn. Score:—

GUY'S.

| | |
|---|---|
| C. E. Whelon, c Grogono, b Woods | 4 |
| O. V. Payne, c Gibson, b Woods | 11 |
| H. Archer, c Harrison, b Grogono | 49 |
| W. S. Digby, st Watson, b Grogono | 57 |
| G. F. Allison, c Gibson, b Grogono | 0 |
| T. R. Harvey, not out | 23 |
| H. G. Gibson, not out | 15 |
| Extras | 6 |
| Total (5 wickets) | 165 |

Davies, Clarke, Ticehurst and Rutter did not bat.

## GUY'S II. v. OLD CHARLTONIANS.

Played at Charlton Park on Wednesday, 24th May. Guy's won after an exciting finish, McEvedy and Bartlett putting on 34 runs for the last wicket. They batted first on a fast, easy wicket, and made a total of 216, leaving us 2 hours to knock them off in. Norton and Gibson both played good innings. Kahlenberg took 7 wickets for 54.

OLD CHARLTONIANS.

| | |
|---|---|
| H. F. Beadle, b Kahlenberg | 9 |
| J. Hazelrigg, run out | 88 |
| G. H. Musk, run out | 6 |
| F. Radcliffe, c Kahlenberg, b Bartlett | 40 |
| J. Head, c Clarke, b Kahlenberg | 24 |
| J. Daws, b Kahlenberg | 0 |
| G. Lambert, b Kahlenberg | 1 |
| P. Thornton, not out | 17 |
| G. C. Leavey, lbw, b Kahlenberg | 1 |
| H. Martin, c McEvedy, b Kahlenberg | 0 |
| C. Taylor, b Kahlenberg | 9 |
| Extras | 21 |
| Total | 216 |

GUY'S.

| | |
|---|---|
| C. E. Whelon, b Thornton | 1 |
| E. L. Norton, c Thornton, b Taylor | 72 |
| W. S. Rutter, b Musk | 7 |
| W. S. Digby, lbw, b Thornton | 0 |
| T. R. Harvey, run out | 27 |
| H. G. Gibson, b Musk | 33 |
| A. T. Rivers, b Musk | 6 |
| W. T. Clarke, b Radcliffe | 10 |
| P. F. McEvedy, b Daws | 17 |
| G. N. Bartlett, not out | 17 |
| F. Kahlenberg, absent | 0 |
| Extras | 40 |
| Total | 230 |

## GUY'S II. v. R.I.E.C. "A."

Played at Honor Oak Park on Saturday, May 27th, Guy's winning by 8 runs and 4 wickets. Farquerson played a good innings of 36 for them. Harvey (42), Digby (28), Clarke (24) and Payne (22), batted well for the hospital. Digby bowled extremely well, taking 9 wickets for 63 runs. Score:—

R.I.E.C.

| | |
|---|---|
| Perry, b Digby | 8 |
| Farquerson, run out | 36 |
| Hill, lbw, b Digby | 25 |
| Bourke, b Digby | 4 |
| Croad, b Digby | 0 |
| Hamilton, b Digby | 31 |
| Connor, lbw, b Digby | 8 |
| Northey, c Adams, b Digby | 6 |
| Anderson, b Digby | 2 |
| Maflin, not out | 13 |
| Cox, c & b Digby | 5 |
| Extras | 23 |
| Total | 161 |

GUY'S.

| | |
|---|---|
| E. L. Norton, b Farquerson | 13 |
| O. V. Payne, b Connor | 22 |
| W. S. Digby, c & b Perry | 28 |
| G. F. Allison, b Perry | 14 |
| T. R. Harvey, not out | 42 |
| H. G. Gibson, b Croad | 12 |
| W. H. Munden, b Perry | 5 |
| W. T. Clarke, not out | 24 |
| Extras | 9 |
| Total (6 wickets) | 169 |

P. F. McEvedy, M. M. Adams and G. B. Cockrem did not bat.

## GUY'S II. v. CROFTON PARK.

Played at Honor Oak Park on Wednesday, May 31st, ending in an easy win for Guy's by 10 wickets. They batted first on a perfect wicket and only made 108, Theobald playing a good innings of 47. We put up a total of 287 for 9 wickets, Simms had bad luck in not reaching his century. Bartlett bowled well for us, taking 6 wickets for 39 runs.

CROFTON PARK.

| | |
|---|---|
| Theobald, c Rutter, b McEvedy | 47 |
| Way, c Simms, b Digby | 16 |
| Gallop, b Bartlett | 10 |
| Hunter, c Harvey, b Digby | 0 |
| Smith, c Archer, b Bartlett | 0 |
| Bradshaw, b Bartlett | 0 |
| Catton, run out | 3 |
| Barr, not out | 13 |
| Turner, b Bartlett | 0 |
| Pethybridge, c Harvey, b Bartlett | 1 |
| Hines, b Bartlett | 2 |
| Extras | 16 |
| Total | 108 |

GUY'S.

| | |
|---|---|
| C. E. Whelon, c Way, b Theobald | 41 |
| F. Morris, c Hines, b Gallop | 62 |
| H. Simms, not out | 92 |
| H. Archer, c Turner, b Catton | 50 |
| W. S. Digby, c Way, b Hines | 20 |
| W. T. Clarke, run out | 0 |
| W. S. Rutter, c Theobald, b Hines | 11 |
| P. F. McEvedy, absent | 0 |
| G. N. Bartlett, c Catton, b Hines | 0 |
| H. G. Gibson, b Barr | 3 |
| T. R. Harvey, run out | 4 |
| Extras | 5 |
| Total | 288 |

# Lawn Tennis Club.

## GUY'S v. BRIXTON WANDERERS.

In this match, played at East Dulwich on June 3rd, the hospital made a very creditable display, defeating a by no means weak team by 9–0. Adams played a good game. The following were the team:—A. Zorab, F. W. M. Palmer, L. J. Orpen, A. S. M. Palmer, M. Earle, M. M. Adams. Scores not to hand.

### GUY'S v. BOUNDARIES.

This match was played at Honor Oak on Wednesday, the 14th. We were without the services of F. W. M. Palmer, C. E. M. Jones taking his place. Play was not of a high character, as neither our opponents nor ourselves had recovered from the long period of inaction caused by the rain. As the scores show, we managed to beat them by 5 events to 4. Score :—

Zorab and Jones beat Bent and Attlee, 6–4, 2–6, 6–1; beat Nightingale and Norman, 6–0, 6–3; beat Alexander and Bishop, 4–6, 6–4, 62. Palmer and Orpen lost to Bent and Attlee, 5–7, 6–3, 5–7; beat Nightingale and Norman, 6–1, 6–1; lost to Alexander and Bishop, 4–6, 6–4, 6–2. Earle and Adams lost to Bent and Attlee, 6–3, 4–6, 2–6; beat Nightingale and Norman, 6–2, 10–8; lost to Alexander and Bishop, 6–3, 1–6, 6–8.

## Appointments.

### Civil.

CARDIN, H., M.R.C.S. Eng., L.R.C.P., has been appointed Certifying Surgeon under the Factory and Workshop Act for the Stock District of the County of Essex.

CLOWES, ERNEST FRANCIS, M.R.C.S. Eng., L.R.C.P., has been appointed Medical Officer for the Charfield and Tortworth Districts by the Thornbury (Gloucestershire) Board of Guardians for three years.

HARDY, G. F., M.R.C.S. Eng., L.R.C.P., has been appointed Junior House Surgeon to the Scarborough Hospital and Dispensary.

WENYON, C. M., M.B., B.S. Lond., has been appointed Protozoologist to the School of Tropical Medicine at Greenwich.

### Naval.

Staff Surgeon H. BRUCE MARRIOTT, R.N., and Staff Surgeon NORMAN L. RICHARDS, R.N., have been appointed to the *King Alfred* and the *Antrim* respectively.

### University of Cambridge.

Dr. Hale White has been appointed an Examiner in Medicine in the Third M.B., Part II.

### Royal College of Surgeons of England.

The following have been appointed Examiners for the ensuing year:—

To the Board of Examiners in Anatomy and Physiology for the Fellowship:—

*Anatomy.*—Mr. L. A. Dunn.

*Physiology.*—Dr. E. H. Starling.

### Conjoint Examining Board.

*First Examination.—Elementary Biology.*—Dr. T. G. Stevens.

*Second Examination.—Anatomy.*—Mr. J. B. Leathes.

*Third Examination.—Midwifery.*—Mr. J. H. Targett.

## Notice.

GUY'S HOSPITAL MEDICAL SCHOOL.
(University of London).

GORDON LECTURES IN EXPERIMENTAL PATHOLOGY.

A course of three Lectures will be delivered during the Summer Session, on June 27th, July 4th and 11th. Tuesdays at 4 p.m., in the Physiological Theatre, by the Gordon Lecturer, F. A. Bainbridge, M.A., M.D., D.Sc., M.R.C.P. Subject: "The Pathology of Dropsy."

These Lectures are open to Students from any of the Medical Schools of the University, and to members of the Medical Profession.

HERBERT L. EASON, Dean.

## Change of Address.

Dr. T. Strange Biggs, from West Coombe, Hassocks, to Cotterlings, Ditchling, Sussex.

Mr. Francis G. Cross, F.R.C.S., from Montpelier, Raynes Park, Surbiton, to The Gables, Beaufort Road, Kingston-on-Thames.

Mr. A. Harris, L.D.S., from Rosendale Road, West Dulwich, S.E., to the R. N. Barracks, Plymouth.

Dr. James M. Brydone, from 42, Welbeck Street, W., to 16, South Audley Street, Grosvenor Square, W.

Dr. Collins Lewis, from Beech House, Denbigh, to Windsor Terrace, Denbigh.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

### Marriage.

CLAXTON—HOBSON.—On June 6th, at the Parish Church, Hault Hucknall, Derbyshire, by the Rev. E. W. Hobson, M.A., assisted by the Rev. Frederick Brodhurst, M.A., Vicar of Heath, Ecroyde Ihler, M.A., M.B., B.C. Cantab., of 116, Stanley Road, Liverpool, eldest son of Ecroyde Claxton, Oxton, Cheshire, to Gladys, only daughter of the Rev. E. W. Hobson, "The Grange," Hardwick Park, Chesterfield.

### Deaths.

ASHBY.—On June 1st, at Oakdene, Canada Grove, Bognor, Dr. William Ashby, late of 278, Old Kent Road, S.E.

MAY.—On June 3rd, at Broadstairs, Emmanuel May, M.D., M.R.C.P. Lond., in his 88th year.

EDS.—F. W. M.-P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

IN our last number something was said as to the increasing dulness of our GAZETTE, and some part of the blame at least was apportioned to the incubus of the Million Shilling Fund—as we thought a little ungenerously. For a beggar to be amusing in his begging is a hard task—perhaps, indeed, he is fortunate if he does not seriously offend—and we are very well aware that our regular readers must be heartily sick of our importunity. At the same time we feel bound to run the risk. Since our last issue, our Treasurer's letter has appeared in the daily Press. He points out that although the total sum subscribed is comparatively a large one, the number of subscribers is woefully small; that so far the Fund has advanced only by the efforts of our own particular friends and supporters, and that, with a few notable exceptions, little has been contributed by the general public. The example of the famous town described by Mark Twain, whose inhabitants' only means of livelihood lay in taking in one another's washing, is an unhealthy one for the Fund to follow. It cannot long survive if it is to be a parasite preying upon the generosity of our well-tried benefactors, nor, in the nature of things, can it grow very fat. It was to avoid the possibility of any such unfortunate limitation that the Million Shilling Fund was started, and it is for each one of us to see that it attains its object.

MOREOVER, we are encouraged to continue begging because we occasionally meet with a signal success. Some weeks ago we lamented that no entertainments, such as concerts or theatrical performances, had been organised, the proceeds of which should go to swell the Fund. Mr. E. P. Minett read our complaint and straightway proceeded to satisfy it. He has arranged for a grand display of boxing, fencing, and wrestling to be held on the evening of Thursday, July 13th. He has secured the services of a long list of well-known boxers and fencers, champions both past and present, and in addition we are promised a display of sword exercise by the City of London Yeomanry. A programme, as complete as is possible at this somewhat early stage of arrangement, will be found in another part of the GAZETTE. Mr. Higgins, who has kindly consented to take the chair, has also been prevailed upon to give an exhibition of boxing. In order that the entire sum taken may be devoted, without deduction, to the Fund, Mr. Wade, besides arranging for the collection of tickets, has most generously offered to provide all refreshments for the evening.

The Authorities have been good enough to allow Mr. Minett the use of the Physiological Theatre, so that a much larger audience can be accommodated than in the gymnasium. The only drawback at present is that the stone floor may prove a distinct disadvantage if, as seems likely, the boxing is vigorous. Possibly this difficulty may be overcome by allowing the wooden platform, used the day before for the prize giving, to remain in position. The erection of a special platform would make a somewhat large hole in the profits. Tickets, price 2s., 1s., and 6d., may be obtained from the following gentlemen, Messrs. E. H. Milsom, T. E. A. Carr, M. E. Ball, E. Morgan, and E. P. Minett.

The Editors of the Gazette are in possession of a bracelet which was picked up on the Honor Oak Ground after the Sports were over. We do not wish to incite the covetous to crime, and so we prudently refrain from any description of its beauties, but if the owner will communicate with us it will be at once restored.

We publish to-day a further letter on the subject of the dearth of columns "In Lighter Vein." The letter is signed M.R.C.S., and under this, the least distinguished of his many titles, the writer hides a name great in the past. He will be glad to see that in this number we have taken his advice and that, both for our own amusement, and, as he suggests, for the edification and correction of those in authority, we have published an article "In Lighter Vein." We hope that it may achieve both purposes, though whether it is the work of a "syndicate" sitting darkly in judgment on those in high places, or the "inspiration" of individual genius, we do not propose to say. Finally the letter contains a suggestion. We hope someone will take the hint and send us the article.

We give our heartiest congratulations to Mr. Mollison and Mr. Bell Walker on their recent appointment to the teaching Staff of the hospital. Mr. Mollison now joins Mr. Blake Odgers as Junior Demonstrator of Anatomy; and Mr. Bell Walker joins Dr. French as Medical Registrar. As instructors of youth, both Mr. Mollison and Mr. Bell Walker cannot fail to succeed, but we must not forget that for us there is another, and, in view of our recent promise of amendment, a very important side to the question. Will either provide us with a due amount of material for our future "In Lighter Vein"? To be in the fashion, Mr. Bell Walker may still, perhaps, succeed in cultivating some harmless and agreeable eccentricity, but of Mr. Lane's House Surgeon we are less hopeful. He can but try.

It is so often the painful duty of the dispensers to send back our prescriptions that the incompatible may be made compatible, and the insoluble soluble, and it is so seldom that we have an opportunity of retaliation, that we cannot refrain from publishing the following:—

> Sir,
>
> I am very sorry to trouble you in respect to my medicine, but I see on the jar the instructions are to shake it, but has it is a paste I wanted to know if I am to mix it with anything. I did not notice it at the time I received it at the Hospitial or I would not trouble you.
>
> Trusting you will kindly reply.
>
> I Remain,
>
> Yours Respectfully, etc.

Poor Man! It is only one more example of what serious difficulties may follow an apparently trifling error.

Apparently the Bolingbroke Hospital, Wandsworth Common, S.W., like all other large and important hospitals in London, has experienced the difficulty, to which we referred in our last number, of dealing with applications for treatment from those who may reasonably be supposed capable of paying a doctor's fee. It has accordingly adopted measures of reform, and has opened a department, termed a "Consultative Out-patient Department," in which the following regulations are in force. We quote from a notice card which is apparently being circulated:—

1. Patients are only seen upon the recommendation of their own medical man.
2. Patients will be sent back to their own medical man unless otherwise directed by such medical man.
3. No dispensing is done for out-patients at the hospital.

We fear these measures are little likely to succeed. From the use of the term "department" we conclude that at the Bolingbroke Hospital there is also a "department" where the sick poor who cannot afford to pay any doctor's fee, no matter how small, are treated gratis, and we presume, although the wording of the third regulation makes us doubtful, that they are not there denied any benefit which may be derived from drugs. There remains the second regulation; surely in all hospitals this rule is strictly followed.

In the Inter-hospital Tennis Cup Ties, after a meritorious victory over the Middlesex Hospital, our chances were extinguished by a defeat at the hands of St. Thomas, the ultimate winners of the cup. The team as a whole continues to improve, and it is now infinitely stronger than at one time seemed possible.

On Wednesday, July 12th, the Annual Prize-giving and Garden Party takes place It is hoped that there will be a large attendance both of visitors and students. University men are reminded that of late years it has been the custom for academic dress to be worn, and they are again requested to appear in that degree of glory to which they are entitled. A very special interest attaches to this year's proceedings, because it has been chosen as the day on which the new museums, so generously given by Mr. Robert Gordon, will be first open for inspection. We remember, some years ago, hearing Sir Samuel Wilks almost plaintively remark that when he came to Guy's nowadays, he hardly recognised it as his old home. Here and there, perhaps, an old wall or a bit of staircase survived to remind him, but for the most part all had been swept and garnished, till not even the hardiest microbe could maintain a precarious existence. Since then, change has been even more rapid, and in successive years the Wills Library and the Gordon Museums have been added to our inheritance. We do not wish our gratitude to appear merely as a lively sense of favours to come, but the precedent of such annual expansion is a sound one to establish.

As in former years, the speeches, during the prize-giving itself, will be both interesting and commendably short. We have recently read in the daily papers that among the Pygmies, a race of talented music-hall performers, the signal to cease the entertainment is given by the clapping of hands.

The cricket team, both Past and Present, were again the guests of their President at dinner in the College Library, on the evening of Saturday, June 24th. Mr. Brailey's hospitality was also extended to the Residents, so that the party was a large one. A very successful dinner resulted.

On Wednesday, June 28th, the United Hospitals' Athletic Club met the Athletic Union of Dublin University at Honor Oak Park. Nine events were decided, and the result was a win for Dublin by five events to four. The ground had again been prepared with great care by Harris, and our visitors showed their appreciation of the fine grass track by running the events in splendid times. All through the level of the performances was remarkably high. The 100 yards race was won in level time by H. Thrift, the Irish International, while G. N. Morphy, the Irish champion for this year in both the mile and half-mile, won these distances in 4 mins. 40$\frac{2}{5}$ secs. and 2 mins. $\frac{3}{5}$ secs. respectively—extremely fast times for a grass track. Not to be outdone, W. J. Gibson, of the London Hospital, actually cleared 23 ft. 1 in. in the broad jump, and won the hurdles in 16$\frac{2}{5}$ secs. The Guy's representatives performed extremely well. J. L. Rankine put the shot 35 ft. 2$\frac{1}{2}$ in., and S. Reader cleared 5 ft. 2$\frac{1}{2}$ in. in the high jump. At the end of the meeting, Mrs. J. H. Bryant kindly consented to present the medals to the successful competitors, and, after three cheers had been given for her, she herself thanked the assembled company. In the evening the teams and officials dined together with Dr. James Galloway, of Charing Cross, the President of the United Hospitals' Club, in the chair.

THE present unfortunate dead-lock in the Inter-Hospital Cricket Cup Ties points clearly to the need of having the rules of representation put upon a wider and a clearer basis. On the merits of this particular case there can be no two opinions, but until the ruling of the forthcoming meeting is made public, discussion of the subject is only waste of time.

THE usual *going-off dinner* of the Residents was held on the last evening of the month. The retiring Residents are Messrs. F. P. Hughes, Hertz, Mollison, Ticehurst, and Louisson, and their places have been taken by Messrs. E. C. Hughes, Clatworthy, Sheaf, Palmer and Glanville.

SPENCER WELLS pressure forceps, we hear, are now largely used in the eye wards for the better control of hæmorrhage. In the opinion of the Ophthalmic H. S., microbes are inert unless stirred into activity by the injudicious use of antiseptics.

A COMIC Cricket Match has been arranged on behalf of the Million Shilling Fund, and will be played at Honor Oak Park, on Friday, July 7th. Tickets, price 1s., can be obtained of Messrs. T. Harvey, Morres and Whelon. We regret that the match has been announced too late for further notice.

## Guy's '89 Club.

THE Eleventh Annual Meeting of the above Club was held at the Hotel Cecil on May 10th, 1905. The president, H. J. Spon, was in the chair, and the following twenty-three members were present: A. Scott Turner, C. E. Michael, W. J. Henson, G. S. Hovenden, E. R. Fothergill, C. L. Hopkins, H. W. Beach, E. F. H. Hardenberg, R. H. Hayes, H. Hewetson, T. M. Thomas, C. E. Carpmael, L. G. Reynolds, B. G. Reynolds, H. W. Collier, A. P. Beddard, A. A. H. Partridge, H. M. Stewart, C. H. Fagge, J. R. Steinhaeuser, F. J. Steward, C. J. Harnett and W. H. Peake.

The following officers were elected for the ensuing year—President, J. R. Steinhaeuser; Vice-President, H. W. Beach; Treasurer, A. P. Beddard; Secretary, E. F. H. Hardenberg.

The following resolution was then passed: "That in order to cover our present liabilities a subscription of 2s. 6d. shall be levied upon every member of the Club during the ensuing year."

The Club then dined, and a most pleasant evening was spent.

The secretary will be obliged if any members who have not yet sent the subscription will do so at the earliest opportunity.

## Laryngeal Obstruction.

CLINICAL LECTURE BY DR. SHAW.
May 17th, 1905.

GENTLEMEN,—The other day there came into the Isolation ward a small child suffering from a croupy cough and signs of laryngeal obstruction. It was taken into the Isolation ward because it was suspected of being a case of diphtheria. After observing it for two days it became necessary to make a definite diagnosis, in order, if possible, to make room for an undoubted case of diphtheria which had to be admitted. The definite diagnosis we reached was only a negative one; we concluded that the child was not suffering from diphtheria, and it was transferred to the general ward. The difficulties in this case, and the consideration we had to give to it, led me to think that laryngeal obstruction would be a suitable subject to talk to you about to-day. It might at first appear to you to be almost an impertinence for a mere physician to lecture about any diseases of an organ which has received such excellent attention from specialists as the larynx. But my excuse is two-fold. It is liable to occur to everybody in practice—specialist, consultant, general practitioner, whatever he may be—to be required to act instantly on a diagnosis which he makes for himself as to the existence or not of laryngeal obstruction. Moreover, during the course of many diseases which are habitually under the treatment of physicians, laryngeal obstruction not uncommonly occurs. But there is a further reason which makes me feel justified in choosing a subject in the domain of specialism, namely, that there is perhaps a slight tendency for students to feel that what commonly is talked about and apparently known only by the specialist is not necessary for the equipment of every practitioner of medicine.

I chose the title "laryngeal obstruction," rather than "laryngeal stenosis," because I feel that although the definition of the use of these two terms is not very clear, "stenosis" is more usually regarded as meaning a permanent narrowing of the laryngeal orifice, whereas I want to speak to you to-day about conditions in which there may be fatal obstruction of the larynx and yet no explanation to be seen in the post-mortem room. Perhaps "stenosis" is the term most used by the pathologist, and "obstruction" that commonly employed by the clinical physician.

I would ask you, then, to consider what might produce laryngeal obstruction, and I would remind you of the time-honoured classification of all obstructions, which is perhaps as useful to the plumber as to the physician. I can imagine if—as I suppose is the case—lectures are given to plumbers, the plumber professor saying, We will consider whether a blockage of a pipe is due to conditions in the wall, conditions outside the wall, or to conditions within the lumen of the pipe itself. With regard to the larynx, this is not quite such a useful classification, as it is found in connection with some other tubes of the body. For there are very few things which actually obstruct the larynx from inside it, and very few which obstruct it by pressure from outside. To clear away those rarities first, I would say that the larynx may be obstructed by some foreign body, and that such a foreign body is generally of a peculiar sort. It either has a sharp point which enables it to stick fast in the larynx—and then, perchance, it is not so much the foreign body, as the inflammation it sets up which causes the obstruction—or else it is a foreign body of large bulk and soft texture, part of which is embedded or impacted in the pharynx, and part protrudes through the laryngeal orifice. In the Museum you will see specimens of each variety of foreign body. Next I will mention a cause of obstruction operating from outside—and it is so important that I will make it the only one in this category, so that you may not forget it—post-pharyngeal abscess. Most obstructions which are the result of conditions outside the various tubes of the body are caused by compression. But so hard is the cartilaginous larynx that it is almost impossible, by external compression, to obstruct its interior lumen. So the only outside cause which we need regard is an abscess in the posterior wall of the pharynx, which indeed originates outside, but comes forward and over the top of the larynx, and so sometimes produces fatal asphyxia. With regard to obstruction from conditions affecting the wall, I should like at once to make a distinction between what we may call functional and organic causes, that is to say, conditions of which we could find evidence in the post-mortem room, and conditions which may prove fatal and yet may give no indication of their existence after the patient's death. The two functional causes of obstruction are spasm and paralysis. It is not uncommon for spasm of the adductors to bring the vocal cords so perfectly together that no air can get in. Occasionally such a spasm has probably proved fatal. On the other hand, when there is paralysis of the abductors, while the adductors are still effective, the two vocal cords may be placed side by side in such close apposition that it is impossible for air to pass between them. In neither of these conditions would you be able with certainty to determine the cause of death, in the event of a fatal issue taking place, by a mere examination of the larynx. As to the organic causes of obstruction, there are so many that I do not propose to make a complete list for you. I think it would be easier for you if I were to mention the pathological states of the larynx which did not sometimes give rise to obstruction than to mention those which did. Therefore, for the purpose of getting a complete list of laryngeal conditions causing obstruction, I will ask you to visit the excellent specimens that will shortly be set out afresh in our beautiful Gordon Museum, where there will be so much more space than in the old Museum that you will be able to luxuriate and study them at your ease and leisure.

I hope that the first pilgrimage which you will make to the Gordon Museum will be to inspect the specimens of laryngeal disease; and I think you will soon discover, if you carefully study them, that any one of the diseases there displayed may, under certain circumstances, give rise to obstruction. Therefore, I will not enumerate the diseases, but will mention *seriatim* the general pathological conditions which may produce laryngeal obstruction. There may be (1) the deposit of an adventitious membrane upon the surface of the true or false vocal cords. This will obviously produce obstruction. So will (2) œdema of the tissues of the larynx, such a swelling being an almost constant accompaniment of all the various diseases which affect the organ. There is (3) the growth or deposit of new tissue, whether benign, such as papilloma, or malignant; or the granulomatous growths of syphilis or tubercle. Lastly (4), fibroid infiltration may take place as a result of almost any inflammatory state leading to destructive ulceration; and when the fibrous tissue contracts there is usually produced such a narrowing of the orifice as to give rise to obstruction.

I would now draw your attention to the symptoms depending upon the condition of laryngeal obstruction, apart altogether from any symptoms due to special diseases which cause it. I want to put you in a position to decide instantly, without having to give consideration

to the previous history or the general condition of the patient, whether the urgent dyspnœa from which a patient may be suffering and which looks as if it might be fatal, is due to obstruction of the larynx, or to some other cause. For if it is due to obstruction of the larynx it is your duty, however blunt your pocket-knife may be, or however unused to surgery you may be, to thrust your knife through the patient's trachea. The first symptom is dyspnœa. Obviously there must be some difficulty of breathing or there cannot be any laryngeal obstruction worthy of the name. The amount of the dyspnœa is variable, and it depends upon the amount of laryngeal obstruction and not upon its mere presence. The next symptom is stridor, the noise made as the air passes backwards and forwards through the constricted orifice. As a rule, laryngeal stridor may, by the character of the noise, be distinguished from other forms of stridor or stertor. Stertor is the snoring noise caused by air passing through the pharynx or fauces. But laryngeal stridor cannot always be distinguished from the stridor dependent upon an obstruction in the trachea. Perhaps one of the most characteristic associated symptoms is some degree of aphonia. It is nearly always true that if a patient has such a serious condition of the larynx as to interfere with the passage of air between the vocal cords, it will not be possible to bring the cords into such close apposition as to perform perfectly the function of phonation. There is one very striking exception to this rule, namely, bilateral abductor paralysis. In this there may be the most perfect phonation associated with complete laryngeal obstruction. Connected with aphonia, and due to the same cause, is the croupy cough which so often gives one the first hint that an infant is suffering from laryngeal obstruction.

The next symptom or physical sign which I should like to impress upon you as essential in any marked degree of laryngeal obstruction is, undue excursion of the larynx: a dragging down of the larynx towards the sternum during inspiration. If the obstruction is above the larynx, there will be no undue movement during respiration. If it is below the larynx there may be some undue excursion during respiration, but the extent of these excursions will be less the further off from the larynx the obstruction is. That is to say, if the obstruction is at the lowest end of the trachea there will be no dragging down of the larynx during inspiration. But if it is so high up in the trachea as to be only just below the larynx, there may be almost as much excursion as would be the case if the obstruction were in the larynx itself. The last symptom is the general sucking-in of intercostal spaces. One must admit that a patient who has difficulty in getting air into his lungs from any cause whatever will undoubtedly show a certain amount of sucking-in of the intercostal spaces; but one may say that this symptom, when it is general and marked, is much more commonly due to laryngeal obstruction than to any other cause of dyspnœa.

And next we come to the most conclusive evidence of all that laryngeal obstruction is present, and that is the appearance of the interior of the larynx as seen by the laryngoscope. One of the great difficulties in the diagnosis of many cases of laryngeal obstruction arises from the fact that the condition is so commonly met with in young children in whom the use of the laryngoscope is peculiarly difficult. Indeed, is not the use of the laryngoscope altogether peculiarly difficult? I would make a digression here in order to impress upon you the great importance of becoming familiar with the use of the laryngoscope. No student will become an adept with it who, during his student days, restricts the use of it to those cases in which he expects to see something abnormal. There are a large number of children always in the hospital whose lives would be made much more happy if you would provide them with weekly pocket money in exchange for opportunities of seeing their larynxes.

There is another method of becoming skilled in the use of this instrument, which was adopted by students in my time, and that is the establishment of combined whist and laryngoscope clubs, collections of men who met together once a week and combined harmless recreation with the arduous work of inspecting each other's larynxes or optic discs. I would seriously commend to you this method of becoming familiar with the use of the laryngoscope and the ophthalmoscope. It is not enough to be able to see the larynx of a patient who has already frequently had his or her larynx examined. A large number of young men go over to Vienna from England and America every year, and while there they are seized with the ambition to become specialists in laryngology, because they find themselves so peculiarly skilful in seeing larynxes, and applying local applications thereto. But they forget that those upon whom they operate are highly-trained patients. In England we have nothing of the sort; but in Vienna there are troupes of patients under a

sort of circus-master who, for small fees, will allow their diseased conditions to be thoroughly investigated. I remember an old lady who used to take coloured beads on the ends of pieces of cotton and suddenly swallow them into various parts of her larynx, and would then allow a student, for a fee, to remove these beads from her larynx by means of forceps. While one side of her tongue kept the mirror in place, the other side of the tongue conducted the forceps down on to the bead, and the student removed it with the greatest possible pleasure, and felt himself indeed to be a budding specialist in laryngology. But when the student comes back to his own country he finds it is all he can do to see into the larynx of the untrained native. It is impossible for you to make too frequent use of the laryngoscope upon all sorts of patients if you wish to be prepared to see the vocal cords of one who is desperately ill and has had no preparatory training for this difficult manipulation. The importance of diagnosing by this means laryngeal obstruction may be brought home to you if I relate three striking mistakes with regard to laryngeal obstruction which have come under my observation during the course of my connection with this hospital.

The first case was one in which an apparently unnecessary tracheotomy was performed in a child who subsequently died. The child was admitted with a croupy cough and signs of laryngeal obstruction. It suffered from very severe dyspnœa, and, in the uncertainty of the diagnosis, tracheotomy was performed under the impression that the dyspnœa was caused by laryngeal obstruction. But at the post-mortem examination we found practically no evidence of mischief in the larynx, but extensive disease of the lung, with double empyæma. There seemed little doubt that what flickering chance of recovery the child might have had was removed by the performance of tracheotomy. For I would impress upon you that by tracheotomy or by intubation the overcoming of the laryngeal obstruction would at the same time effectually prevent coughing. An unnecessary tracheotomy in a child who has badly diseased lungs is a very serious complication, as it removes all power of clearing the bronchial tubes. It is doubtful whether any amount of skill in laryngoscopy would have allowed the physician to see this child's larynx.

Another serious mistake, long ago, when the laryngoscope was less used than it is at present, was only just prevented in time. The patient was suffering from urgent and increasing dyspnœa associated with loud stridor. There was a history of syphilis, and the patient was being left to die, with a diagnosis of tracheal stenosis. Somebody interested in the case, and more skilled in the use of the laryngoscope than others who had charge of it, obtained a good view of the larynx, and was able at once to demonstrate that the condition was due to bilateral abductor paralysis. The obstruction was not in the trachea; it was in the larynx, and the assumption which was made that it was not laryngeal because the patient had a good speaking voice, failed in this particular instance, because it was one of the typical examples of laryngeal obstruction without aphonia. This patient had the vocal cords lying side by side, parallel and in contact, and was being suffocated by a condition which was immediately relieved by tracheotomy.

There is a third instance of a mistake in connection with this subject which I should like to relate to you. A patient came hurriedly into the hospital, extremely dyspnœic, very blue, aphonic, and obviously about to die. Perhaps there was nothing for it without further examination but to do tracheotomy. At any rate, that was done. But no improvement took place, either in the blueness or in the dyspnœa. From the cyanosed wound the venous blood poured profusely, and the hæmorrhage and dyspnœa together proved fatal on the operating table. At the post-mortem examination an aneurysm was found arising from the transverse arch of the aorta, and compressing the lower end of the trachea. That the association of urgent obstructive dyspnœa and aphonia may be the result of an aneurysm compressing the trachea and at the same time causing recurrent laryngeal paralysis, if constantly borne in mind, should prevent in similar cases a useless tracheotomy. The briefest view of the larynx in this case would have demonstrated that only one cord was implicated, and would have given a clue to the proper interpretation of the case.

I hope I have shown you the importance of diagnosing the mere existence of laryngeal obstruction, and have pointed out how this may usually be done. I would now ask you to consider for a few moments the differential diagnosis of acute laryngeal obstruction in children. That is to say, when you know that a small child has got laryngeal obstruction of acute onset, how are you to tell what is the cause of it? I will pass from the method of classification of causes which I adopted just now—the pathological classification—and say that there are four chief diseases producing acute laryngeal obstruction

in young children—traumatic, stridulous, catarrhal, and membranous laryngitis. The diagnosis of these different cases depends upon a good many considerations. I do not propose now to attempt to take you over all the symptoms and history of each of these four conditions; you will find them all beautifully set out in the text-books, much better than I can set them out here. I would only now remind you of some of the chief and most obvious considerations which should be in your minds in deciding between these various causes. I want you to particularly grasp the fundamentals of distinction, because of the different ways in which you can deal with the case under the various conditions.

First, with regard to traumatic causes, you may ask—will there not usually be a history in these cases to help us? I think it must be admitted that there will not usually be a helpful history. These cases are nearly all the result either of sucking steam from a kettle or swallowing a foreign body, such as a plaything, and generally the sucking from the kettle is done during the mother's absence, and very few mothers have such a complete inventory of the child's belongings that she can tell whether an article is missing. Moreover, it is not safe to assume that all things missing have necessarily been swallowed. You are familiar with the recorded case in which a patient had lost his false teeth and was just about to have them removed from his œsophagus by a serious operation when the missing denture was found in the bottom of the bed. But I would make this point, that owing to the frequent absence of history, and the difficulty of being certain about the existence of a foreign body, no child should be considered to have been properly examined for acute laryngeal obstruction until the medical man's finger has been in the larynx. By this means an absolutely unsuspected foreign body has been many times discovered. Another good reason for this method of investigation in all cases is that you may thereby detect the presence of a post-pharyngeal abscess obstructing the laryngeal aperture.

The next heading on which I would say something is laryngismus stridulus. The differential diagnosis of laryngismus stridulus from other causes of acute obstruction has not seemed to me to be a really serious difficulty, for the reason that the paroxysms of laryngismus stridulus are usually so short and so soon entirely over, that the medical man rarely has an opportunity of exercising his diagnostic powers upon such a case. Before he has time to get to the case the child is either well or dead. But I want you to remember that the difficulty about the diagnosis of laryngismus stridulus depends rather upon the fact that stridulous or spasmodic conditions may occur in association with other states of laryngeal obstruction besides laryngismus stridulus. By laryngismus stridulus is generally understood a state of obstruction of the larynx which is entirely one of muscular spasm; and I should wish you to have in your mind the relation of this condition to such things as tetany and infantile convulsions. It is usually seen in children who are the subjects of rickets, and perhaps occurs as an alternative to an attack of convulsions. It may be regarded, in fact, as a localised convulsion of the larynx.

The two most troublesome forms of laryngitis, those which I suppose will be most frequently before you, are the catarrhal and the membranous. They are both common, and their symptoms are strikingly alike. If you are suddenly called to a child who has serious persistent laryngeal obstruction of recent origin, there are two questions which, if you can get them satisfactorily answered, will be of immediate assistance to you, and will enable you to decide at once whether you will proceed with tracheotomy or temporarily hold your hand. These questions are: "Has the child had it before?" If the mother says, "Oh yes, many times," then you may rest on your oars, so to speak, and may feel satisfied that you have only catarrhal laryngitis to deal with,—a condition which is extremely unlikely to require tracheotomy. If you ask, "Are any other children ill?" and the mother says, "Oh yes, one of my children died with sore throat two or three days ago," or "There are many cases like this in the neighbourhood," then you may be practically certain that you have to do with membranous laryngitis due to diphtheria, and if the condition is very severe you will know that tracheotomy ought to be speedily performed, or some means at once taken to overcome the obstruction.

I will not say more about the many other possible points of distinction between catarrhal and membranous laryngitis except as to the value of bacteriological examination. The positive evidence afforded by finding the Klebs-Loeffler bacillus must be regarded as conclusive; but obviously a negative diagnosis cannot be of very great value, for it is not possible to be certain of getting the swab well into the larynx in a child; and if the membrane is confined to

the larynx, the bacilli may also be confined to it.

What shall we do with these children when we have made our diagnosis, or in that, alas! sometimes rather long period in which we are trying to make it? Whatever may be the essential cause of obstruction in any of these cases, the spasm of the larynx is sure to play a large part in it; and for that reason something which will overcome the spasm immediately is in all cases indicated. And I can suggest nothing to you more desirable than a prolonged hot bath. A hot bath is only going to produce an effect in overcoming spasm if the child is kept in it long enough to become perfectly happy and a little faint. If the child is unhappy and frightened, the hot bath will do no good, nor will it unless it is continued until a condition approaching syncope is reached. You will have in all cases seriously to consider the question of the immediate administration of antitoxine. Are you justified in administering antitoxine before you are confident that the disease is diphtheria? I say most undoubtedly you are; for although you must remember that discomforts, and perhaps even in very rare cases dangers arise from the administration of antitoxine—and according to some these are greater if the child is not the subject of diphtheria—still, so great is the advantage in diphtheritic laryngitis of the administration of antitoxine, so large is the number of cases which now escape both tracheotomy and death, which would certainly not have escaped them before the introduction of this treatment, that in any case of doubt it is your duty to inject antitoxine. Personally, I should not hesitate to repeat the injection in a case where the clinical signs remained indefinite, even though the bacteriological examination was negative.

There is an old-fashioned method of treatment which is, I think, too much neglected, but which is certainly useful. I refer to the giving of an emetic. Probably an emetic acts very much as does the hot bath. Very likely it also acts by mechanically removing the membrane and mucus from the respiratory passages, together with the contents of the stomach.

Upon such important measures of treatment as intubation and tracheotomy, I will not touch to-day. When either, and, if either, which of these measures shall be employed, are questions requiring very full consideration. To a large extent they are questions depending on the technique of the operation, and are rather in the surgeon's province. But there are many material points involved, and I hope I may some day have the opportunity of discussing them with you.

## Clinical Lectures.

The following Clinical Lectures will be given during the next fortnight:—

Clinical Surgery, by Mr. Fagge, on Fridays, July 7th and 14th, at 1.15 p.m.

Clinical Medicine, by Dr. Beddard, on Wednesdays, July 5th and 12th, at 1.30 p.m.

Clinical lecture by Mr. Higgens, on Monday, July 3rd.

Clinical lecture by Mr. Fagge, on Monday, July 10th.

# THE HOSPITAL APPEAL.

### Seventh List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 49,330 | 7 | 6 |
| J. C. Eno, Esq. (Further) ... ... ... | 105 | 0 | 0 |
| The Co-operative Wholesale Society, Ltd. | 100 | 0 | 0 |
| George W. Henderson, Esq. ... ... ... | 100 | 0 | 0 |
| "M. S. D." ... ... ... ... ... | 50 | 0 | 0 |
| "Anonymous, I. M. E." ... ... ... | 50 | 0 | 0 |
| Thomas Henry Loveless, Esq. ... ... | 30 | 0 | 0 |
| "M. E. D." ... ... ... ... ... | 25 | 0 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 30th ult.) ... ... ... | 232 | 0 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £50,022 | 8 | 0 |

## Change of Address.

Dr. J. H. Busteed, from Ellesmere, Shropshire, to Chewton House, Highcliffe-on-Sea, Hants.

Dr. G. H. Cheyney, from Guy's Hospital, to The White House, High Street, Ware, Herts.

Dr. W. F. A. Clowes, from Great Coggeshall, Essex, to 15, Queen Street, Colchester.

Dr. H. E. Croker Fox, from Knowle Lodge, Knyveton Road, Bournemouth, to Monywyke, Bincleaves, Weymouth.

Mr. C. Heygate Knowles, L.D.S., from Egmore, Madras, India, to "Bawtry," London Road, Reading.

Mr. R. Greatrex Yates, L.D.S., from Guy's Hospital, to Berkeley House, Ross-on-Wye.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

**Gently does it!**

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Seventh List of Collections.

(Received up to Friday, June 30th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 52,372 |
| Addison, Sister (111s.)—D. M. Rees, 168; Nurse Allen, 5 ... ... ... ... ... ... | 173 |
| Archbold, Miss (54½s.)—In loving memory of S.E.B. | 2½ |
| Ash & Co., Messrs. (314s.)—J. W. Cripps & Sons | 10½ |
| Ball, M. E.—Mrs. Ball ... ... ... ... | 10 |
| Barker, F. A. (46s.)—E. K. G. S. ... ... ... | 16 |
| Basker, C. A.—H. M. S. Lamb ... ... ... | 2 |
| Beale, H. J. (69s.)—Anon. ... ... ... ... | 2½ |
| Bellis, Miss (21s.)—Mrs. E. Archer... ... ... | 3 |
| Black, Osborne... ... ... ... ... ... ... | 10 |
| Bligh, Dr. William—W. C. Brooks, 1; Mrs. Rumsey, 1; Mrs. Charlesworth, 2; Miss E. Salsbury, 1 ... ... ... ... ... ... | 5 |
| Bligh, Mrs.—W. Burrell, 2; Mrs. S. Burrell, 2; Stephen Dix, 2; Miss Smith, 5; W. Smith, 2... | 13 |
| Blott, Miss (8s.)—Miss Blott and Friends... ... | 5 |
| Bonsor, B. (116½s.)—Mrs. Barnard Hankey, 40s.; J. G. Thring, 20 ... ... ... ... ... | 60 |
| Bright, Sister (672s.)—Miss Hunter (further collection), 80; Mr. Rolls, 5; Mr. Lindsey, 1 ... | 86 |
| Brown, Miss F. E. (4s.)—Frank Mead ... ... | 21 |
| Brown, Miss E. S.—H. Casson ... ... ... | 5 |
| Carpmael, Dr. C. E. ... ... ... ... ... | 21 |
| Cheeseman, Miss B. S. (17s.)—Friends .. ... | 10 |
| Cook, W. W.—Philip Pimlott ... ... ... | 5 |
| Cornelius, Sister—Anon. ... ... ... ... | 3 |
| Costobadie, V. A. P. (46s.)—Collected by Miss E. M. Cooper ... ... ... ... ... ... | 35 |
| Coulson, Miss—Mr., Mrs., Edgar, Leonard and Doris Young ... ... ... ... ... ... | 5 |
| Danson, Miss (5s.)—Miss Rees, 1; Mrs. Paterson, 5 ... ... ... ... ... ... ... | 6 |
| Davis, Miss A. (3s.)—Friends ... ... ... | 2 |
| Davis, Miss Mabel—A Friend ... ... ... | 1 |
| Daw, S. W. (3s.)—George Tizzard ... ... ... | 1 |
| Dean, Miss (3s.)—Nurse Dean ... ... ... | 5 |
| Dickenson, Miss (7s.)—A Friend, 2; Miss M. Clayton, 2 ... ... ... ... ... ... | 4 |
| Drury, Dr. C. D. H. (1s.)—Miss M. Hill ... ... | 1 |
| Donald, J. A. (11s.)—Miss Bray ... ... ... | 20 |
| Donnell, Dr. J. H. (21s.)—Mrs. Donnell ... ... | 25 |
| Dorcas, Sister (277s.)—Miss Bigley, 42; Mrs. H. E. Winter, 100 ... ... ... ... ... | 142 |
| Douglas, Miss—Miss E. L. Douglas .. ... | 16 |
| Downs, Mrs. ... ... ... ... ... ... | 6 |
| Du Sautoy, Miss (90s.)—Mrs. Lyons, Sen. ... | 10 |
| Carried forward | 53,114½ |

| Name. | Shillings. |
|---|---|
| Brought forward | 53,114½ |
| Evelyn, Sister (61s.)—Anon.... ... ... ... | 6 |
| Farr, Miss F. (11s.)—Miss Farr ... ... ... | 10 |
| Fault, Miss (19½s.)—Miss M. Brundrett ... ... | 4 |
| Ferrier, Dr. J. C. (10s.)—Mrs. Mackwood ... | 20 |
| Field, Miss Grace (100½s.)—C. E. F. ... ... | 1 |
| Finnemore, Miss K. E. (344s.)—Miss L. Headows | 1 |
| Flower, N. (64s.)—P. K. W. Mayo ... ... ... | 100 |
| Floyd, Dr. S. G.—N. F. ... ... ... ... | 2½ |
| Fowler, Mrs. Herbert—Miss Phyllis Fowler ... | 30 |
| Garland, Miss (20s.)—Nurse Elizabeth Garland ... | 60 |
| Garnet, Miss (17s.)—H. T. Jarman ... ... | 21 |
| Golding-Bird, Mrs. (527½s.)—Miss E. C. Hooper, 8; Miss Dundee, 2; W. E. Davidson, 1; Anon. 7 | 18 |
| Gordon, Miss Adeline... ... ... ... ... | 11½ |
| Graham, Dr. G. H.—Miss M. Graham, 2; H. Batsford, 2 ... ... ... ... ... ... | 4 |
| Harden, Miss G. (10s.)—Mrs. Harden ... ... | 30 |
| Hearden, Dr. W. F. (529½s.)—Mrs. Allard .. | 10 |
| Heath, Miss (321s.)—Dr. Walker ... ... ... | 5 |
| Henderson, H. J. (102½s.)—R. Reidy ... ... | 63 |
| Heselden, Mrs. (4s.)—E. A. Durham ... ... | 5 |
| Hinchcliff, Mrs. (3s.)—Anon. ... ... ... | 5 |
| Hudson, Dr. A. B.—F. Rushby ... ... ... | 5 |
| Houston, Miss M. A —Anon. ... .. ... | 5 |
| Hyde, Miss (5s.)—Miss E. Shackleton ... ... | 3 |
| Iles, Miss C. (2s.)—Mrs. H. Jackson ... ... | 3 |
| Ingram, Dr. Percy—Anon. ... ... ... ... | 10 |
| Jackson, Miss F. J.—Miss L. A. Cowell, 10; Miss Frances Jackson, 7 .. ... ... ... ... | 17 |
| Jacob, E. D.—G. J. C. B. ... ... ... ... | 5 |
| Janmahomed, H. J. (59s.)—C. F. Bamford ... | 21 |
| Jewell, Miss (3s.)—Anon., 1; C. Crawley, 1 ... | 2 |
| Karpeles, Mrs. (1473s.)—Mrs. K. Flinn, 1; Mrs. A. Williams, 1 ... ... ... ... ... | 2 |
| Kate, Sister (100s.)—Mrs. F. Paynter ... ... | 10 |
| Khalakdina, A. R. 40s.)—Miss L. Bamford ... | 21 |
| Kirkby, Dr. R. C.—E. W. K., 1; Nona, Robbie and Bobbie, 7; A. K., 10; W. Dodd, 1; M. Marenbank, 1 ... ... ... ... ... | 20 |
| Lacey, Miss (2s.).—Mrs. Cocks ... ... ... | 20 |
| Lamb, E. J.—Anon., 15; R. Parris, 3 ... ... | 18 |
| Leather, Miss (25s.)—F. H. L. ... ... ... | 2 |
| Lawson, Dr. G. L. L., M.R.C.S. (22½s)—T. L. ... | 21 |
| Layton, Miss H. M. (2½s.)—A. B. L., 9; H. G. Roberts, 1 ... ... ... ... ... ... | 10 |
| Leedham, Miss E. (47s.)—Collection, 18½s, Mr. F. L. Muirhead, 5s.... ... ... ... ... | 23½ |
| Leigh, Dr. W. Watkin (23s.)—W. W. Leigh ... | 21 |
| Lewin, Miss J. K. (7s.)—E. Ryan ... ... ... | 2½ |
| Liddell, Mrs. (12s.)—Mrs. Drummond Hay ... | 9 |
| Lilian, Sister (20s.) - S. A. Hyland... ... ... | 5 |
| Lydia, Sister (92s.)—Anon., 1; Miss Causton, 10 | 11 |
| MacAlister, G. H. K. (4s.)—Anon. ... ... ... | 2½ |
| Mackay, Miss (363½s.)—Miss Okeover ... ... | 5 |
| Maggs, Mrs. (49s.)—Misses Bristowe ... ... | 14 |
| Mann, Miss (16s.)—Frederick Griffith, 20; Miss Daisy Mann (Collection), 33 ... ... ... | 53 |
| Margaret, Sister (Miss Ripley)—H. Painter, 1; Miss K. Hewitt, 2; H. J. Mundy, 10; W. Collier, 1; Misses Alice and Lena, 10; Mrs. Freeman, 40... ... ... ... ... | 64 |
| Marler, Miss (189s.)—Mr. Wright ... ... ... | 2½ |
| May, W. N. (122s.)—W. S. H. May ... ... | 10 |
| Mayston, J. H.—Collection ... ... ... ... | 18 |
| Metcalfe, B. B.—Collection ... .. ... ... | 60 |
| Millar, Mrs. W. R.. Junr.—W. Southey ... ... | 2 |
| Carried forward | 54,019 |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 54019 |
| Miller, Miss E. (11s.)—Friends ... ... ... | 10 |
| Minett, E. P.—A Friend ... ... ... ... ... | 5 |
| Myers, Miss E. E. ... ... ... ... ... | 100 |
| Niel, Miss K.—Collection ... ... ... ... | 7 |
| Ormond, Mrs.—A. M. Cudmore, 2; Anon., 16½ ... | 18½ |
| Palmer, B. H. (41s.) – Miss Palmer ... ... | 5 |
| Palmer, Miss E. (27s.)—Miss Elizabeth Palmer ... | 21 |
| Paradise, Dr. T. D.—Miss Bond ... ... ... | 35 |
| Pratt, G. H. (1s.)—C. Fitch... ... ... ... | 10 |
| Prest, Miss (14s.)—J. K. Scandreth ... ... | 3 |
| Proctor, Miss (16s.)—Mrs. Proctor ... ... | 5 |
| Reeves, Dr. J. K. (20s.)—Misses F. and E. K. Reeves, 2; Mrs. Bennett, 1 ... ... ... | 3 |
| Reeves, Miss H.—E. Banbury, 1; R. and O. Edwards, 2 ... ... ... ... ... ... | 3 |
| Robinson, Dr. G. C. F. (47s.)—S. E. Brown ... | 2½ |
| Sampson, Miss.—E. E. Sampson ... ... ... | 10 |
| Sanford, H. A.—Miss Hilda Rowland ... ... | 1 |
| Shenstone, Miss.—Mrs. Miller ... ... ... | 15 |
| Smalley, J. T. (14s.)—R. H. Sands .. ... ... | 10 |
| Smith, Miss F. E. (6s.)—J. Smith, 1; L. W. Mawn, 1; T. W. Gillrim, 1 ... ... ... | 3 |
| Stevens, Miss C. J. (45s.)—Anon. ... ... ... | 10 |
| Stewart, Mrs. H. M. (19s.)—Friends, 2; Sister, 5; Anon, 5 ... .. ... ... ... ... | 12 |
| Spurway, Miss (2s.)—Anon., 4; Anon., 2... ... | 6 |
| Strathern, Mrs. (52s.)—J. Hutchison ... ... | 15 |
| Studdert, Miss G.—Miss Jackson ... ... ... | 5 |
| Students' South London Collection.—Anon. ... | 7 |
| Sutton, Miss M.—Anon. ... ... ... ... ... | 6 |
| Taylor, Miss Etta.—S. Wiley, 3; F. Hardy, 5 ... | 8 |
| Ticehurst, G. A. (21s.)—Miss Mary Grahame ... | 42 |
| Tippetts, Miss—G. W. Horlock, 2; A. Middleton, 1; D. Gardner. 1; Anon, 3 ... ... ... | 7 |
| Vicary, Miss M. (130s.)—N. Baggallay ... ... | 2 |
| Weston, Miss (5s.) —A. C. S.... ... ... ... | 3 |
| Witchell, Miss A. (105s.)—Anon. .. ... ... | 15 |
| Woodward, H. M. (135s.)—Collected by Miss Woodward, 10; Two Loafers, 2 ... ... ... | 12 |
| | 54,436 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 947 |
| Total (up to 30th ult.) | 55,383 |

# Pass List.

## University of Cambridge, June, 1905.

DEGREE OF DOCTOR OF MEDICINE.

G. S. Graham-Smith, T. E. Holmes.

DEGREE OF BACHELOR OF MEDICINE.

J. Goss.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES, EASTER TERM, 1905.

Part I.—G. W. Dryland, E. Lloyd, G. W. de P. Nicholson, A. S. Morton Palmer, A. Walker.

## University of Brussels, June, 1905.

DEGREE OF DOCTOR OF MEDICINE.

E. G. Andrew.

# Notes from Skin Outers.

## Herpes Zoster.

On Tuesday last a boy, aged nine, was seen suffering from the intercosto-humeral type of herpes zoster.

Extending from the anterior margin of the left axilla nearly to the middle line, and running parallel with the ribs, were more or less circular patches of shiny vesicles on inflamed areas of skin; in the anterior fold of the axilla itself was a similar patch, but here the vesicles were dull, and on the antero-internal aspect of the upper half of the left upper arm were a few scattered single vesicles.

Sir Cooper Perry pointed out that the shiny vesicles represented the earlier lesions, and the dull vesicles the later ones; the appearance of these latter often suggested the presence of pus, but, instead of being due to pus, the absence of the shiny surface was really due to the sodden condition of the epidermal layers over the vesicles which are situated in the prickle layer.

The term Herpes Zoster practically means "Creeping Girdle," and refers to the characteristic form of the rash, when it follows the distribution of an intercostal or other nerve half round the trunk.

There is a popular theory, founded on the rarity of its occurrence, that if zoster entirely encircles the body, *i.e.*, is bilateral, the result is fatal.

This, like many other popular theories, is a fallacy, but it is important to remember that before the diagnosis of bilateral herpes zoster is made, tertiary syphilis has to be excluded.

Herpes is very rare on the forearms and legs below the knees, and rarest of all on the hands and feet. More common positions are in the neck (cervical herpes), and in the forehead (supra-orbital herpes); in the latter position it is very likely to leave scars, so that, especially in a young lady, it is advisable to warn a patient suffering from supra-orbital herpes that a permanent scar may be left, otherwise it may be put down to the doctor's treatment.

Very commonly there is tenderness and even enlargement of the lymphatic glands draining the affected area. The enlarged glands may be noticed even before the herpes.

The popular name for herpes zoster is "shingles," which is derived from the Latin "cingulum," a girdle. The appearance of shingles is often preceded by considerable pain.

I remember a case occurring when I was surgeon in a gun-boat. The captain complained for several days of intense pain in the right inguinal region; there was nothing to be seen or felt, but horrible visions of having to operate for appendicitis on the ward-room table in an Atlantic swell rose before me, when in a day or two, to my great joy, a crop of typical herpes zoster vesicles appeared to explain matters.

In young people, when it is over, it is over and done with; in old people the neuralgia is very apt to be very intractable.

In the current (June) number of the *British Journal of Dermatology*, Wilhirst Evans lays stress on the two periods of age incidence of zoster, *i.e.*, practically below fourteen or over forty. When epidemics of the disease occur, as sometimes happens, the disease is almost confined to children, and Evans thinks most of the cases in children are due to a microbe, in older cases there may possibly be some other factor; he also found that in the cases occurring after forty 75 per cent. were in women.

With regard to pathology, whether the primary causative factor be a micro-organism or not, the researches of Head and Campbell show the disease to depend upon some lesion, usually hæmorrhagic, in the posterior spinal ganglion of the nerve leading to the affected part. Herpes zoster is very apt to occur in patients who are taking arsenic.

Little can be done in the treatment of herpes zoster, and the disease has a natural tendency to get well. Give some simple soothing ointment, and a bitter tonic internally, such as quinine; and in supra-orbital herpes warn the patient—especially if of the female sex—of the resulting scar which may be expected, otherwise it may be put down to your unskilful treatment of the case.

## Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

### A Plea for the "Lighter Vein."

DEAR SIR,—I read with some interest the letter in your correspondence column anent "Lighter Vein," and quite agree with Mr. Shepperd in thinking that the absence of these flippant but often witty paragraphs is to be deplored. Apart from the amusement derived from them, there was an utilitarian side which must not be forgotten, and in at least one instance the gentle ridicule of the swollen-headed ones helped to eliminate the more obvious offensiveness of some junior prig.

If my memory serves me aright, the best of these paragraphs were the work of a syndicate. Sometimes an individual evolved a happy article unaided, but in the great majority of cases the result was obtained by collaboration. If one stops to analyse the product, there is ample room, no doubt, for adverse criticism. Much of the humour turned on personal idiosyncrasies of the men well known about the hospital. But the central idea on which these personalities turned, at least in the humorous efforts, was in itself quaint, and the details served more to point the quaintness of the idea than to excite mirth for themselves. Latterly, I have noticed, the idea has been absent, and the actors have been forced to supply the whole of the fooling.

You remark that it is not always possible to supply humour to order. Perhaps not, but there is always some topic of maximum general interest which can be twisted into special interest for St. Thomas's Street. I have long expected a Lighter Vein on the house-to-house collecting scheme. I thought that some of the old puppets would appear in the new rôle of collector.

One of the best of such skits appeared in the Guyoscope when our present King opened the new physiological buildings. Let your would-be funny man read the "official programme" as conceived by that journal and try to do as well.

Although entitled to the honoured letters, I will not subscribe myself G.P., but merely,—yours faithfully,

M.R.C.S.

## Odes to Guy's Men.

No. 2.

### The Residents.

Oh, I have never scaled the height,
Nor save in dreams beheld at all,
My name in print just where the light
Strikes dimly 'thwart the College wall.
Nor have I sat, save for one week,
At sacred table at the end,
Where sit enshrined the illustrious clique
And smiling amiably blend.
But yet I know no jealous pangs,
My admiration is sincere.
Not into them I flesh my fangs,
Nay, rather would I drop a tear.
For they are mighty, very great,
Dark failure they have never known.
What waits them when beyond thy gate,
O Guy's, they tackle life alone?
Yea, many are the roads that lead
To sit at that high board.
Not narrow is the way, nor creed
Defined, that makes your prize assured.
For you may be a reading man
And conscientious to a fault,
Or fond of measuring in a span
The blood's constituence of salt,
Or seeking microbes through a glass,
And counting all your leucocytes,
Or at exams. you're sure to pass
And come out somewhere on the height.
Or you may be a footer man,
Or Editor of the GAZETTE,
Or e'en a leaky water can,
Or some important person's pet,
Or hail from Oxford's clime select,
Or have a friend upon the Staff.
Whate'er you are, if you're elect,
One day you may Command the Bath.

SENEX SED NON SENILIS.

# Dental News.

WE have received this week a letter dealing with the use of Hydro-naphthol as a dressing; but before we give the gist of this communication to a hungering public, we must thank our correspondent for his interest in this column. May we add that, if only others would follow his example, these lines would be more useful and interesting than is at present possible?

With regard to Hydro-naphthol, our correspondent, who has had over ten years' experience with the drug, speaks in the highest terms of its action in cases of very septic canals. He claims that, after thoroughly irrigating with a wisp of cotton wool soaked in the liquid, the canal can be well reamed out without danger of forcing *septic* material through the apex. The root having been thus cleaned mechanically with drills, a loose dressing of wool saturated with the fluid may be introduced and sealed in place with gutta percha. The dressing, in ordinary cases, may be left in a week. If on removal it is *dry* and *odourless*, the canal can be safely filled as usual. He further states that in the whole course of his experience the few failures (which were only partial, the trouble yielding to further treatment of the same kind) he has met with have been directly attributable to haste, leading to the mechanical cleansing not being as thorough as might be wished.

Our correspondent also states that this drug has the following advantage over sulphuric acid:—If the acid be used when the apex is not closed or is thin, it frequently leads to further opening of the foramen, and consequent troubles which may not develop till months afterwards, but which ultimately lead to loss of the tooth; whereas the Hydro-naphthol may be used in cases where the apex is open already, only causing slight irritation, which subsides in a few hours.

We should be very pleased if some members of the dental side would try this treatment and report progress, in order that further confirmation may be obtained.

We have much pleasure in inserting the following notes, which have reached us at the last minute, on the use of Paraform as an abtundant.

Paraform has a most marked action in reducing the sensitiveness of dentine. A convenient method of using is to prepare a "stock" consisting of one part paraform and ten parts zinc oxide.

When an abtundant is necessary, mix about half a grain of this "stock" with sufficient liquid (menthol and phenol, equal parts) to make a stiff paste; apply this to the cavity in a very thin layer and seal with gutta percha or cement; remove in twenty-four hours.

This preparation should not be used too near the pulp nor left too long in the cavity.

CASES.

(i.) Male, æt. 25. Large cervical cavity in $\overline{5}|$. Dentine too sensitive to allow any excavation; paraform applied as above; some pain experienced; next day cavity completely excavated with bur; operation painless.

(ii.) Female, æt. 25. Mesial cavity $5|$ partly excavated, but point reached where intense pain accompanied any excavation; dressing applied; next day removed and removal of infected dentine commenced—owing to lack of time, however, not completed; patient returned in three days; excavation completed; a sensitive zone just being reached; no pain felt and the pulp unharmed.

(iii.) Male, æt. 27. Mesial cavity in $|\overline{5}$; a distal cavity in same tooth had been filled, proving extremely sensitive. After treatment as recommended above, excavation could be undertaken with no pain to the patient, sensitive dentine only being reached at the end of the operation.

# Nursing News.

MATRON'S OFFICE.

Nurse I. F. Hill has been appointed Staff Nurse in the Massage Department.

Nurse Ida Mott left the hospital on May 20th, on completion of her three years' training, to take up duties in a Surgical home.

On May 31st, Sister Patience (Miss Webb) was transferred to Astley Cooper ward. Sister Surgery (Miss Orr) was transferred to Patience ward, and Sister Maud (Miss Crampton), who had been acting as Surgical Night Sister, was appointed Sister of the Surgery.

On June 16th, Nurse Dickenson, Head Nurse in Martha, left the hospital on completion of her three years' training. Probationer Wright has been appointed to succeed her as Head Nurse in Martha ward.

On June 16th, Nurse Bonser, Nead Nurse in Stephen, and Nurse Aitken, Head Nurse in Astley Cooper, left the hospital on completion of their three years' training. Probationer Stein has been appointed to succeed Nurse Bonser as Head Nurse in Stephen.

On June 21st, Nurse A. R. Thompson, Head Nurse in Job, left the hospital on completion of her three years' training. Probationer Kirby has been appointed to succeed her as Head Nurse.

# Appointments.

## Civil.

HORTON, CAPTAIN J. H., D.S.O., Indian Medical Service, has been appointed Clinical Assistant to the Chelsea Hospital for Women.

## Naval.

Surgeon R. W. BASIL HALL, R.N., has been appointed to the *President* for a three months' course at a London hospital.

# In Lighter Vein.

## STAFF CRICKETING FESTIVAL.

### Great Scenes in the Park.

The pigeons were delighted when they heard that the Staff had really decided to hold their annual cricketing festival in the park instead of at Lord's, and the prospect of seeing so many distinguished gentlemen arrayed in simple flannels so excited the feathered populace, that they flew from branch to branch, and from tree to tree, uttering weird and discordant cries.

(Good on yer for a start.—Ed.)

Needless to say, the nursing staff was full of interest, and when 11 o'clock struck, on the fairest July day that ever was, and the cricketers filed into the park, headed by the umpires—Commissionaire and Victor, then things looked fairly gay at the Home, handkerchiefs fluttered from innumerable hands, sister and pro. jostled one another in their efforts to catch a glimpse of their favourites, and at last, with a great sigh of content, the blue-gowned, the stringed and the stringless, settled down to spend a happy day.

(Please get on with it.—Ed.)

Some disappointment, perhaps, was felt that the originally proposed fixture had been found to be impracticable. The Australians, who had been challenged originally to try their luck at the hands of Dr. Horrocks and Mr. Lane, had felt compelled to refuse. There were too many Colonials about, they said, to suit them. They rather barred Colonials.* The sisters also had been challenged and had scratched. This last was not altogether unexpected, but it was disconcerting, and everybody felt that Sir Cooper, the Captain, had done the best thing possible in deciding that it should be an all-against-all match, with free drinks for the top scorer.

The disposition of the field was somewhat extraordinary; unconventional positions were adopted by many of the fielders, but the following features of the field were considered worthy of note by our sporting representative.

Dr. Shaw was behind the wicket, and very little escaped him. When he was not toying with the bails, with many a disconcerting blink, he was eating the chocolates specially sent out to him by enthusiastic members of the Ladies' Association, who gazed upon him from the Nurses' Home.

Master Tommy Hicks made an efficient long stop. Propped up against the boundary he waited for the few balls that escaped the wicket keeper. When these balls came he lay down in front of them, thus stopping them sufficiently dead, then he got up and threw the ball peevishly back to the wicket with something very like an imprecation.

Dr. Eyre was point.

Sir Cooper Perry was cover-point.

Mr. Brailey was mid-on.

Mr. Lucas was well away on the off-side near the boundary.

Sir Alfred Fripp was sent away into the country to look for high catches.

Mr. Mollison, a promising colt, made a good third man.

Mr. Ormond worked like a horse at square leg. He seemed preoccupied, and was constantly smiling to himself. He explained to our reporter that he had just returned from Italy, and in Venice he had seen the tomb of the first man who winked the other eye.

Dr. Hale White was short slip. He was delighted with the game, and as the ball came towards him he beamed with pleasure, rubbing his hands together and telling both crowd and field that they "must all see this bit of fielding because it would be so pretty."

Dr. Horrocks did great things as a googley bowler. He told our reporter that he felt "quaht all raht," and had had an egg for his breakfast.

At the other end Mr. Lane's bowling was not quite so successful. He was apparently dreadfully bored with the proceedings, and in fact said as much to our reporter. What he wanted, he explained, was their cæcums and not their stumps. It was all so silly. Eventually he caught sight of a beautiful cæcum away near the museum, and went artlessly off to secure it.

Immediately there was a hue and cry raised for Dr. Eyre, who was wanted to go on bowling as a medium, and was nowhere to be seen. He could not be found at point, but eventually was discovered among the slips playing marbles with Master Sichel and Master Fagge.

The batting, contrary to all expectation, was rather tame at first. Dr. Bryant took his centre with great care, marking it with blue pencil. He was bowled first ball, however, by Dr. Horrocks, and explained to the commissionaire that he had considered the possibility, and remembered just such another case that occurred when he was registrar.

* Why do Colonials always hate one another?

Dr. Barber was run out early, much to everyone's regret. He shaped well. He said he was not sorry, as he wanted to go and play golf.

Dr. Pitt and Dr. Taylor looked like making a stand, but the former was bowled by Mr. Lane after he had compiled a careful 3. He immediately appealed against the bowling as being indeterminate, but on being challenged by Dr. Taylor to define indeterminate bowling, was obliged to confess his inability to do so, and thus compelled to submit to the decision of the umpire. Dr. Taylor said that if the bowling could not be finally and definitely and conclusively proved in a practical manner to have been indeterminate, he must submit to the umpire's verdict. The umpire, he added with a puzzled smile, had said that Dr. Pitt was "out," and he had always understood the word "out," if not to actually mean "not in," at any rate to imply "not in." Here the commissionaire, as the umpire in question, put his foot right into it. When he had said that the gentleman was out, he had meant out, and none of your half-larks. He'd known all their fathers, and if the gentleman was clean bowled middle stump, he was bowled middle stump, and he was *out*. None of your "not ins." Not in, indeed. 'Strewth! not in, indeed. No! he was out, and "don't you forgit it." After this contre-temps the game was resumed in a tense silence that could be felt.

Meanwhile the brass band, thoughtfully provided by Mr. Lucas in his capacity as Senior Surgeon, was doing powerful work. It played the good old tunes that make one feel at home, and rigidly eschewed the classical. "The Holy City" gave much pleasure, the French horn variations on the original theme being more than satisfying to the trained ear. "Down by the old Bull and Bush" was very pleasing, also "Jerusalem the Gilded" (in which latter the band were assisted by two or three well-known gentlemen who are expert performers on the Jew's harp).

"The Lost Chord" was essayed as a cornet solo by a practised hand, but Master Tommy Hicks burst into tears at the first puff and it was thought kinder to substitute "Sit a little bit further up" and "It's all right in the summer time."

The luncheon hour was agreeably spent, thanks to four gentlemen styling themselves for the nonce "The Guy's Comedy Four." Though the humour was unconscious it was nevertheless appreciated.

Mr. Theodore Pocock appeared as a contortionist.

Mr. Allen blew choline bubbles, juggled with a cautery and other homely surgical instruments in almost constant use, talking the while in Maori dialect of the Russian Princesses who had become enamoured of him.

Mr. Shepperd recited a clever little thing of his own called "The Decline of the Comic,"—giving as an encore a past "Lighter Vein." This latter was unappreciated.

Mr. Eccles said he was great as a fainter. He could faint in lots of different but interesting positions. He could wring the girls' hearts, he could. He was asked not to insist on an encore.

In the afternoon the brunt of the hitting fell to the lot of Dr. Beddard and Mr. Thompson. Dr. Beddard broke several windows in the Medical Block, and Mr. Thompson did the honours in a similar way with the Surgical building, with which in the early part of his innings he fairly worked havoc. He also quarrelled with Dr. Horrocks, but there were no bones broken. He explained that any damage he might do could be easily put right by courtesy and the plumber.

The game would have been continued until quite late in the evening had not Sir Cooper's dog, who till then had been busily engaged elsewhere, in an uncontrollable fit of impetigo, swallowed the ball.

Thus the festival came to a somewhat abrupt close, and the janitor, who had been sitting scoring all day long, silent but singularly accurate, announced that Dr. Beddard was top scorer, with a whacking big total, but had refused the prize on the score of dyspepsia.

## Papers by Guy's Men.

Lectures on Carbohydrate Metabolism. A Course of Advanced Lectures in Physiology delivered at the University of London by F. W. Pavy, M.D. Lond., LL.D. Glasg., F.R.S.—*The Lancet*, June 24th, 1905.

A Case of Infantile Splenic Anæmia. By S. G. Scott M.A., B.M. Oxon., and W. H. Maxwell Telling, M.D., B.S. Lond., M.R.C.P. Lond.—*Ibid.*, 17th June, 1905.

A New Scheme for Infant Milk Depôts. By J. M. Fortescue Brickdale, M.A., M.D. Oxon.—*The Bristol Medico-Chirurgical Journal* for June, 1905.

Acne Vulgaris and its Treatment. By W. Kenneth Wills, M.A., M.B. Camb.—*Ibid.*

Puerperal Sepsis. By W. C. Swayne, M.D. Lond.—*Ibid.*

# Appointments.

## House Appointments.

The following appointments have been made by the House Committee upon the recommendation of the Medical Committee:—

*House Physicians.*—Messrs. F. W. Morton Palmer (Dr. Taylor); J. H. Clatworthy (Dr. Pitt).

*House Surgeons*—Messrs. E. W. Sheaf (Mr. Lucas); E. C. Hughes (Mr. Lane).

*Out-patient Officers.*—Messrs. O. V. Payne, R. A. Chisolm, S. M. Wells, A. Leeming.

*Assistant House Surgeons.*—Messrs. C. M. Stevenson (Mr. Dunn); A. B. O'Brien (Sir Alfred Fripp); H. M. Clarke (Mr. Steward); F. T. H. Wood (Mr. Fagge).

## Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

*Clinical Assistants.*—Messrs. H. C. Cameron, R. O. Williams, R. E. French, A. D. Crofts, G. W. Russell, F. Rogerson.

*Clinical Assistants in the Medical Out-Patients.*—Messrs. C. M. Ockwell (Drs. Bryant and Fawcett); H. G. Gibson (Drs. Shaw and Beddard).

*Dressers in the Throat Department.*—Messrs. A. S. B. Bankart, L. G. Davies, G. Hamilton, H. S. Knight, G. H. K. MacAlister, A. H. Miller.

*Assistant Surgeons' Dressers.*—Messrs. E. P. Minett, J. K. A. Helm, A. V. Ledger, H. B. Carlyll, R. Evans (Mr. Dunn); L. D. Stamp, A. T. Densham, N. Flower, A. L. Foster, R. B. Dawson (Sir Alfred Fripp); R. R. Walker, J. W. Grice, T. N. Wood, H. J. B. Cane, F. Morres (Mr. Steward); C. H. Rippmann, T. H. Edey, J. W. Featherstone, G. G. Timpson, M. D. Price (Mr. Fagge).

*Medical Ward Clerks.*—Messrs. H. J. Henderson, T. E. A. Carr, E. W. Giesen, C. A. L. Mayer, R. J. Reynolds, G. F. Stebbing, E. P. H. Joynt, H. F. Joynt, H. J. Smith, J. N. Watson, H. P. Aubrey, G. W. Dryland, E. B. Hinde, P. P. Laidlaw, C. B. Ticehurst, B. Wallis, K. H. Digby, M. J. Rattray, L. L. C. Reynolds, S. H. C. Air, W. W. Cook, L. Croft, A. N. Leeming, J. B. Martin, C. D. Roberts, B. H. Palmer, M. R. Dobson, St. J. A. M. Tolhurst, C. A. Basker, A. C. Dickson, C. H. Marshall, W. P. H. Munden, S. McK. Saunders.

*Surgical Ward Clerks.*—Messrs. F. W. Hogarth, H. E. Perkins, M. E. Ball, C. M. Plumptre.

*Clerks in the Skin Department.*—Messrs. C. M. Ockwell, J. S. Bookless.

*Aural Surgeon's Dressers.*—Messrs. G. H. K. MacAlister, A. S. B. Bankart, W. P. Purdom.

*Post-mortem Clerks.*—Messrs. A. G. Jones, T. F. Wilson, E. Alban, C. C. A. De Villiers, J. G. Phillips, C. M. Ockwell (July 1st); P. D. F. Magowan, M. Leckie, J. E. Hodson (August 16th).

*Assistant Surgeons Clerk.*—Mr. W. W. Cook (Mr. Dunn).

*Obstetric Dressers.*—Messrs. E. Bellingham Smith, R. J. Bentley, I. Valerio, H. F. Vandermin, P. S. Mills, G. W. Nicholson.

# Notices.

AN exhibition boxing, fencing and wrestling display will be given in aid of the Million Shilling Fund, in the Physiological Theatre, on July 13th, at 8 p.m. Several well-known boxing and fencing champions have promised to assist, including Messrs. Warner, Gunn, Wells, Fearman, Minett, and King (probably Douglas and J. Hoare); and representatives of the A.B.A., Charterhouse, Eton, St. Thomas', London, and Guy's Boxing Clubs, as well as several professionals, have promised to attend.

Fencing by members of the Amateur Fencing Club, Army Fencing Association, and St. Thomas' and Guy's Fencing Club.

Sword display by members of Imperial Yeomanry.

Wrestling by members of Charterhouse Club, and several Guy's men.

Mr. Higgins, F.R.C.S., will box three rounds.

Tickets, 2s., 1s., and 6d. Can be obtained of Messrs. Morgan, Milson, Ball, Carr.

It is hoped that the audience will be a large one. Ladies are cordially invited.

Hon. Sec. and Treas., E. P. MINETT.

## EGYPTIAN GOVERNMENT.

### MINISTRY OF PUBLIC INSTRUCTION.

The following posts at the School of Medicine, Cairo, are vacant:—

(*a*) Assistant to the Professor of Anatomy (Dr. G. Elliot Smith);

(*b*) Assistant to the Professor of Pathology (Dr. Alex. R. Ferguson).

Each appointment is for two years, and may be renewed at the end of that time. Applicants should forward copies of testimonials and such other particulars as are mentioned below.

The pay of each post is L. E. 320 per annum (the Egyptian Pound being worth 6d more than the Pound sterling).

Private practice is not allowed.

It is to be distinctly understood that the appointment gives no claim to pension or indemnity.

The Government reserves to itself the right to dismiss the Assistant for misconduct or incapacity.

In the Government Schools, as in all State Administrations in Egypt, Sunday is a working day. The Schools are closed on Fridays.

Leave will be granted on the same terms as to other Government officials. The possibility of taking leave, and the period of the year at which it is granted, depend upon the exigencies of the service.

Pay commences from the date of arrival in Cairo. Each Assistant will receive one month's pay in lieu of passage money.

All applicants should attach a certificate from a legally qualified medical man, stating that in his opinion the

Candidate is in a fit state of health to undertake the duties of the post.

All applicants should state—

Their age.

What foreign languages they know, and

If they can be in Cairo by October 1st.

The latest mail by which applications may be posted will leave London on Friday, July 14th. Applications to be addressed to:—"The Director, Government School of Medicine, Cairo, Egypt."

## Reviews.

*The price of books submitted for review should in every case be stated.*

*A System of Clinical Medicine.* By Thomas D. Savill, M.D. Lond. Vol. ii., pp. 703—1147. (Messrs. J. & A. Churchill.) 8s. 6d. net.

The first part of this work was reviewed in our columns so long ago as May, 1903, so that a considerable interval has elapsed between the publication of the two parts. The scheme of the work is quite original, as it is entirely arranged on a basis of Symptomatology, and, if properly carried out, should enable the student to diagnose a patient's complaint by turning up the prominent symptom which the patient presents, and then employing a process of exclusion. Properly used and regarded as a series of clinical lectures, the work proves most interesting, but there can be no doubt that the scheme of arrangement makes it totally unsuitable as a student's text-book of medicine: it is the old plan of reducing the study of medicine to an examination of the pages of a catalogue. Pathology finds no place in the book and is never described, though this seems to us the ideal basis of classification of diseases.

The first chapter describes those diseases which produce general debility with or without pallor, and includes chlorosis and plumbism—though it is difficult to see why the latter should be classified under this symptom, rather than under colic or constipation, which are far oftener the symptoms complained of. But difficulties such as these are unavoidable under such a scheme, while we notice that infective endocarditis and Graves' disease are omitted from the list of those diseases which cause pallor.

Children's diseases are treated much better and more fully than in most text-books not specially devoted thereto, though latent empyema is omitted as a cause of wasting in infants. The author advises respiratory exercises for chlorosis, and yet entirely omits the treatment of ringworm by X-rays, and does not mention excision of the Gasserian ganglion when discussing trigeminal neuralgia—serious omissions in a modern System of Medicine.

The chapter on Nervous Diseases is perhaps the best, especially those parts devoted to clinical examination of the nervous system and to the treatment of auditory defects. Tables of differential diagnoses are a prominent feature in a work which is good in parts and eminently readable.

*Diagnosis and Treatment of some of the Common Diseases of Rectum and Anus.* By Cecil H. Leaf, M.B., F.R.C.S. pp. 118. (E. H. Blakeley.) 3s. 6d.

This work is worthy of a better dress than the publishers seem to have thought sufficient, as both the printing and paper are very poor indeed. Intended as an introduction to the various larger text-books on the same subjects, it will be found very useful in the diagnosis of the various complaints of those regions, though, true to its aim, treatment is given rather scanty attention, and in each case only that operation is described which the author has himself found most successful—for instance, the only operation described for hæmorrhoids is that by ligature.

The author rather pedantically, but quite correctly, insists on the word colostomy instead of colotomy, and yet perpetuates the false nomenclature involved in blind external or internal fistula. Many useful hints are given; orthoform should be dusted on an anal fissure before examination, and division of more than one-third of the internal sphincter causes absolute incontinence of fæces: we are surprised to find no mention of polypus of the rectum, except incidentally in the differential diagnosis of other complaints.

*Exercises in Practical Physiology.* By Augustus D. Waller. Part II., pp., 79. (Messrs. Longmans, Green & Co.) 2s. 6d. net.

This series of exercises includes not only simple experiments which the student can perform for himself, but also elaborate examinations, such as the use of the spectroscope in comparing muscle pigments, and various demonstrations on the living animal:—for instance, the dissection of the submaxillary region in a dog is fully described. The result is that the important matter is very much compressed, and the descriptions are too slight to be of much use to the student, unless very much aided, though some of the diagrams are very good.

*The British Sanatoria Annual*, pp. 124. (John Bale & Sons, Ltd.) 5s. net.

Though obviously consisting of a series of advertisements strung together in an alphabetical order, this annual will be found very useful by the practitioner wishing to give advice to a phthisical patient. The book is divided into two sections, which describe private and charitable sanatoria respectively; though numerically equal in number, the former—probably owing to the advertising nature of the book—occupy six times as many pages, which contain many illustrations reproduced from photographs. More information should be given about the charitable institutions—the scanty notices of which usually end with "further particulars can be obtained from the Secretary." The medical man at Alderney Manor must lead a miserable life, as we read "The bells of all the sleeping huts and the head nurse's bell ring in the doctor's bedroom." Poor man!

# Sport.

## Cricket.

### GUY'S PRESENT v. THE PAST.

This match was played at Honor Oak Park on Saturday, June 24th, and won by the Present with 7 wickets to spare. Barnett and Simms each made a century.

After the match, Mr. Brailey entertained both teams to dinner at the College. The dinner was thoroughly enjoyed by all present, but to everyone's regret Mr. Brailey announced that this dinner would be the last at which he would be able to officiate as President of the Club. Scores:—

THE PAST.

| | |
|---|---|
| H. Barber, c Tolhurst, b Bartlett | 0 |
| F. Morres, c Bartlett, b Kahlenberg | 87 |
| F. J. Nicholls, b Bookless | 41 |
| H. D. Wyatt, b Bartlett | 41 |
| W. J. Scott, c Tolhurst, b Kahlenberg | 1 |
| E. L. Norton, c Payne, b Kahlenberg | 19 |
| A. E. Causton, b Bartlett | 6 |
| R. E. Ingram, c Bartlett, b Kahlenberg | 0 |
| R. J. Bryden, c Willan, b Kahlenberg | 0 |
| T. H. Edey, not out | 6 |
| E. M. Harrison, c Simms, b Bartlett | 18 |
| J. T. Hicks, b Kahlenberg | 0 |
| Extras | 33 |
| Total | 252 |

THE PRESENT.

| | |
|---|---|
| E. Barnett, c Barber, b Hicks | 103 |
| J. S. Bookless, c Nicholls, b Hicks | 7 |
| H. Simms, not out | 104 |
| S. M. Wells, c Norton, b Hicks | 1 |
| A. M. Tolhurst, not out | 42 |
| Extras | 9 |
| Total (6 wickets) | 266 |

R. Willan, E. Whelon, O. V. Payne, T. R. Harvey, F. Kahlenberg, G. N. Bartlett and H. Archer did not bat.

### GUY'S II. v. LONDON II.

REPLAYED CUP TIE.—1ST ROUND.

This match was played at Honor Oak Park on Wednesday, June 14th, Guy's winning by the narrow margin of 9 runs.

We won the toss, and batted first on a fair wicket. After a bad start, losing 3 wickets for 72, we put up the very fair total of 185. Whelon and Harvey both batted well, and were well assisted with a lucky 20 by Davies.

London started very well, making 125 for 4 wickets. From this point they fell to pieces, the other 6 wickets falling for 51 runs, thanks to Davies, who took 7 wickets for 73 runs, and also to keenness in the field. For them Gayton (57) and Gibson (45) both played well. Team:—

GUY'S.

| | |
|---|---|
| G. E. Whelon, c Pollard, b Dummere | 46 |
| W. T. Clarke, b Dummere | 0 |
| H. Archer, b Dummere | 10 |
| W. S. Digby, b Dummere | 16 |
| G. F. Allison, run out | 7 |
| T. R. Harvey, c Rigby, b Pollard | 46 |
| H. G. Gibson, b Peake | 0 |
| L. G. Davies, c Harrison, b Pollard | 20 |
| M. M. Munden, c Gibson, b Pollard | 13 |
| C. B. Ticehurst, not out | 12 |
| H. P. Munden, b Dummere | 3 |
| Extras | 12 |
| Total | 185 |

LONDON.

| | |
|---|---|
| G. H. Pollard, b Davies | 5 |
| C. Gibson, c H. Munden, b Davies | 45 |
| J. Grogono, b Davies | 5 |
| W. G. Gayton, run out | 57 |
| S. R. Harrison, run out | 13 |
| G. H. Watson, b Davies | 13 |
| T. M. Peake, b Davies | 0 |
| C. M. Rigby, b Davies | 1 |
| H. H. Dummere, b Digby | 6 |
| R. B. Sparrow, b Davies | 1 |
| W. W. Woods, not out | 0 |
| Extras | 30 |
| Total | 176 |

### GUY'S 2ND v. NORBURY PARK "A."

Played at Norbury on Wednesday, June 21st, ending in a draw in favour of the hospital. Whelon played a fine game for his 88, and Edey played well for his 21. Bartlett bowled well for the hospital. Score:—

GUY'S.

| | |
|---|---|
| H. Simms, b G. Tate | 7 |
| C. E. Whelon, lbw, b Reichert | 88 |
| A. H. Pickett, lbw, b Reichert | 1 |
| G. N. Bartlett, b Reichert | 4 |
| H. G. Gibson, lbw, b Reichert | 0 |
| E. L. Elliott, b Reichert | 2 |
| H. P. Munden, b Reichert | 0 |
| W. S. Rutter, lbw, b Reichert | 0 |
| T. H. Edey, c Dahl, b E. Tate | 21 |
| W. T. Clarke, b Reichert | 1 |
| F. Kahlenberg, not out | 5 |
| Extras | 5 |
| Total | 134 |

Norbury Park made 65 for eight wickets. Owing to some mistake their score was not kept.

## Lawn Tennis Club.

### GUY'S v. MIDDLESEX.

INTER-HOSPITAL CUP TIE.

This match was played on June 21st, and as Middlesex did not have out a very strong side, we managed to beat them pretty easily, as the scores show. Had we been

able to maintain our form on the following day, Guy's might very well have figured in the final. Scores :—

Singles.—F. W. M. Palmer beat H. W. Nicholls, 6–2, 8–6. A. Zorab beat C. B. McNeile, 6–2, 6–4. M. Earle beat H. S. Vivian, 6–1, 7–5. L. J. Orpen beat W. Gilliatt, 6–3, 6–3. A. S. M. Palmer beat C. H. Thompson, 6–0, 6–1. M. M. Adams beat E. S. Goss, 6–2, 6–2. Result, 6 events to 0.

Doubles.—Zorab and F. W. M. Palmer lost to McNeile and Vivian, 6–4, 5–7, 1–6; beat Thompson and Goss; scratched to Nicholls and Gilliatt. Orpen and A. S. M. Palmer beat Nicholls and Gilliatt, 6–0, 6–2; beat McNeile and Vivian, 6–3, 6–2; beat Thompson and Goss, 6–1, 6–2. Earle and Adams beat Thompson and Goss, 6–1, 6–2; lost to McNeile and Vivian, 4–6, 1–6; beat Nicholls and Gilliatt. Total result, won 12–2.

### GUY'S v. ST. THOMAS'S.

In this match, played on June 22nd, we were completely outplayed. Having won all the singles, St. Thomas's wanted only two more events to win the match, and these they obtained by beating our second and third couples in the first round of the doubles. The other rounds were not played off. Scores :—

Singles.—F. W. M. Palmer lost to H. E. T. Dawes, 5–7, 1–6. A. Zorab lost to A. P. Howitt, 6–1, 6–8, 4–6. M. Earle lost to R. F. Hebbert, 6–8, 7–5, 1–6. Orpen lost to A. Rae, 1–6, 2–6. A. S. M. Palmer lost to W. R. Bristow, 1–6, 2–6. M. M. Adams lost to H. M. Page.

Doubles.—Zorab and F. W. M. Palmer beat Dawes and Page. Orpen and A. S. M. Palmer lost to Howitt and Rae, 6–1, 3–6, 4–6. Earle and Adams lost to Bristow and Hibbert, 3–6, 6–4, 2–6. Total result—lost, 1–8.

### GUY'S v. KENT.

This match was played at Honor Oak Park on Saturday, June 24th. We were without the services of Earle and Orpen, Barker and Davies-Colley coming in as substitutes. A very enjoyable match ended in our defeat by five events to four. Scores :—

A. Zorab and F. W. M. Palmer beat Winch and Oldfield, 6–2, 8–6; beat Helas and Cousins, 6–4, 7–5; beat Cary and Terry, 6–1, 8–6. Davies-Colley and A. S. M. Palmer lost to Winch and Oldfield, 7–9, 2–6; to Helas and Cousins, 1–6, 5–7; beat Cary and Terry, 6–1, 6–2. M. M. Adams and F. Barker lost to Cary and Terry, 3–6, 4–6; lost to Winch and Oldfield, 4–6, 1–6; lost to Helas and Cousins, 4–6, 4–6.

REMARKS.—On the play of the team, as a whole, it would be discouraging to dilate. Of the individual members, F. W. M. Palmer has not been up to his form of last season. We have seen some very weak net-play where we had learnt to look for winning strokes every time. Zorab has acquired a reprehensible habit of "going-off" his play in the second set. Whether this is due to lack of training or merely to slackness, it would be as well to correct it. M. Earle has maintained his form. If never brilliant, he is always to be relied upon. His cross-cut service and under-arm drive are his strongest points. Orpen has paid a lot of attention to the American style of service, in which he has gained some proficiency. He is, perhaps, the most inconsistent player in the team. A. S. M. Palmer always plays as if he were going to win. If he can't hit a ball hard, he prefers to miss it. His round-arm drive is very deadly and comes off fairly often, but we would suggest that he should practise some back-hand strokes in which he is lamentably weak. M. Adams and C. E. M. Jones have both helped the team. The former plays a better game at singles, but has a strange fancy for serving double faults. It is obvious that they both need a little more practice to improve considerably in their play.

## Swimming and Water Polo.

On Tuesday, June 20th, the Hospital beat Westminster Hospital in the first round for the Inter-Hospital Team Race Cup by three-quarters of a length. Team :—

GUY'S.—S. McK. Saunders, P. Seymour Price, W. E. Ball, and C. D. Roberts.

On Wednesday, June 28th, the Hospital beat St. Bartholomew's Hospital in the first round for the Water Polo Cup by 4 goals to 1. Dicks scored three goals and Alcock one. Team :—

GUY'S.—H. A. Eccles (goal); H. F. Wight, S. McK. Saunders (backs); H. E. Alexander (half-back); A. Alcock, J. Dicks, W. P. Rutter (forwards).

The semi-final of the Team Race competition will take place on Tuesday next, July 4th, at the Southwark Baths, at 5 p.m., when the Hospital team swims against London Hospital.

### Births.

GREEN.—On June 15th, at Burlington Street, Chesterfield, the wife of Albert Green, M.B., M.R.C.S., of a son.

PEAKE.—On June 5th, at Homefield, 1, Platt's Lane, Hampstead, the wife of Dr. Harland Peake, of a son.

### Marriage.

LEWIS—LEWIS. — On June 28th, at the Welsh Calvinistic Methodist Chapel, Carmarthen, by the Pastor, the Rev. M. H. Jones, B.A., assisted by the Rev. W. Evans, M.A., Pembroke Dock, William Collins Lewis, M.R.C.S., L.R.C.P., of Windsor Terrace, Denbigh, son of John Lewis, Esq., J.P., Penllwyn Park, Carmarthen, to Clara, youngest daughter of the late Rev. J. Wyndham Lewis, Carmarthen.

### Death.

LUCEY.—On June 14th, Wm. Cubitt Lucey, M.D., of the Heights, Haslemere, aged 64.

EDS.—F. W. M.-P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

THE Million Shilling Fund continues its deliberate progress. This week the GAZETTE feels that with a good conscience it may leave off grumbling and congratulate the fund on the enthusiasm shown on its behalf. In addition to the usual steady flow of subscriptions, we are able to record the complete success of the two entertainments which have been organised in the Hospital during the past fortnight. The result is in every way satisfactory. It is only by keeping the centre of our own enthusiasm at white heat that we can make it radiate to wider circles. This week we are pleased to announce what we hope will be the first of many entertainments, organised and carried out by those who are in no way directly connected with the Hospital, but who have heard our appeal, appreciated our difficulties, and determined to help us. We thank them very heartily.

ON Saturday, July 29th, at the St. George's Hall, Langham Place, W., at 8 p.m., a concert will be held in aid of Guy's Hospital, at which Julius du Mont, pianist, and Richard Nitisckhe, singer, have kindly consented to appear, followed by Sidney Grundy's farcical comedy, "Snowball." Tickets—reserved 5s. and 3s., unreserved 1s.—may be had at the Box Office, St. George's Hall, Langham Place, or from the Secretary, Guy's Hospital. It is hoped that a large number of tickets will be sold in the Hospital.

THE Cricket Match in Costume at Honor Oak Park, on Friday, July 7th, resulted in a sum of about £10 being handed over to the Million Shilling Fund. The "Amazons," we believe, utterly vanquished the "Touts," smiting them both hip and thigh. At the conclusion, the teams were photographed, we presume, with the idea of still further benefiting the fund, should they command a ready sale. No doubt, the sum collected would have been still larger, had not the date of the match unfortunately clashed with that of the Treasurer's garden party.

THE boxing and fencing display organised by Mr. E. P. Minett took place on Thursday evening, and was in every way completely successful. The audience was very large, and entirely filled the Physiological Theatre. A number of the hospital sisters were able to attend, as well as several of the hospital staff, but the great majority of the spectators came from outside, and were evidently expert and keen critics. The boxing and fencing shown was of the very highest class, and was greatly enjoyed. Mr. Higgens, on boxing three rounds

with Professor Jem Brock, received a perfect ovation. The hospital fund should benefit very considerably, and we are extremely grateful both to the performers and to those who are responsible for arranging the display.

The Physical Society have published a notice of the opening meeting of next year, and hold out to us the hope that Professor Osler may be induced to deliver the opening address. Those of us who have had the pleasure of reading Professor Osler's "Aequanimitas," every page of which is full of good things, will earnestly hope that no difficulties may arise to prevent his presence. Professor Osler has so great a knowledge of the history of medicine, and so great a respect for the hospital of Bright, Addison and Hodgkin, that we feel sure he will make every effort to be present.

On Thursday, July 6th, and Friday, July 7th, the sisters, nurses and residents were the guests of Mr. and Mrs. Cosmo Bonsor, at a garden party. We owe a great deal to Mr. Bonsor. Every year he waits until the Boro' is at its hottest and Kingswood Warren at its loveliest, until raspberries are ripe to compete with strawberries for our favour, then arranges for fine weather, and a special train, and invites us all. It is difficult adequately to express our thanks. For two whole days Mr. and Mrs. Bonsor spared neither time nor trouble in our entertainment.

This year great diversity of amusement was provided. At Kingswood Warren, Mr. Bonsor is in possession of one of the finest "merry-go-rounds" in the county, and we utterly disbelieve the report that it was really the property of the man in his shirt-sleeves, and that Mr. Bonsor had only borrowed it for the occasion. Others preferred the see-saws, notably Mr. Mann and Mr. Alcock. Mr. Alcock was unaccountably timid, and could hardly be induced to leave the ground, while Mr. Mann was correspondingly rash.

The recent Council Election of the Royal College of Surgeons of England resulted, as had been expected, in the return of Mr. Golding-Bird, who now succeeds Sir Henry Howse as one of the representatives from Guy's Hospital. We congratulate Mr. Golding-Bird on having preserved for the Hospital an adequate representation on the Council. At the same time, we notice that while Guy's Hospital has only two Members of Council, other Medical Schools of no greater or of less importance have three, four or five.

On Wednesday of this week, the Annual Garden Party of the Governors and Medical Staff was held in the grounds of the hospital. That the occasion was one of unusual importance was shown by the large numbers who availed themselves of the invitation. It is estimated that nearly six thousand of our friends and well-wishers were present, inspected the wards, museums, and laboratories, listened to the speeches, applauded the prize-winners, and partook of tea on one of the hottest days in summer, all without an undue amount of crowding and discomfort. If the weather was so hot as to make the wearing of academic dress a matter of no little difficulty, so that many of our most distinguished foreswore their greatness and passed in the crowd unobserved, at any rate there was no thunderstorm, and the more adaptable costumes of our lady visitors made a brave show. Naturally the New Gordon Museums, open on that day for the first time, attracted the most attention. In an open space, lying neglected somewhere between the Nurses' Home, the Wills Library, and the Physiological School, of the mere existence of which, a year ago, no one (except possibly the Superintendent) had any idea, has been built a museum second to none in the country. The whole block of buildings, from the Nurses' Home to the Physiological School, each of such recent origin, each built upon a site which is of necessity contracted, and yet each architecturally handsome, roomy and in harmony with its neighbour, is one of which the hospital may feel very proud. As usual, tea was served in the Colonnade while the band of the 1st Life Guards played in the Park. Covent Garden must have been hard put to it on Wednesday morning, for the display of flowers in the Wards was even more lavish

than usual. The hospital can seldom have looked better.

The Physiological Theatre was filled to its utmost capacity during the distribution of the prizes, and many were unable to gain admission. The report of the Dean was full of interest, placing on record, as it did, a year's expansion and progress and a year's list of successes. It was sad that against all this gain there had to be set the loss of Mr. Jacobson. Dr. Pye-Smith, who distributed the prizes, afterwards addressed the prize-winners in a most interesting speech. Recalling the long list of his distinguished predecessors, he found justification for the boast that Guy's Hospital, in the past, has always possessed on its staff men who combined great learning with great knowledge. After referring to our benefactors in the past, he presented to Mr. Robert Gordon a silver model of the statue of our first founder, Thomas Guy. Mr. Gordon, who had a magnificent reception, made a short reply.

In the enthusiasm excited by their new and splendid abode, our old friends "the specimens" were naturally, and perhaps quite properly, somewhat neglected. Yesterday was, of course, a very special occasion, but on occasions less privileged a public exhibition of pathological preparations and models, however great their scientific or historical interest, is a rather gruesome addition to the pleasures of a garden party. The case devoted to the collection of early surgical instruments and medical appliances is of great antiquarian interest. Here a box of Georgian catheters lies side by side with an early Victorian stomach-pump, serving to keep us in mind of the grave disadvantages under which our forefathers laboured, medical men and patients alike.

Sir Samuel Wilks, who, apparently none the worse for his recent severe illness, was present at the garden party, has recently delivered two lectures before the Hampstead Scientific Society, the first on "Ambidexterity," the second on "Spirals." It has been thought that many old Guy's men will desire to possess copies of these lectures. They can now be obtained, price 3d. and 6d. respectively, on application to the Librarian of the Hospital.

In the semi-final ties of the Inter-hospital Cricket Cup, played on Thursday, July 13th, we met and defeated the Middlesex Hospital, at Honor Oak Park. Middlesex batted first, and were all out in less than two hours for 95. Ritches and Kahlenberg bowled unchanged, the former taking 7 wickets for 35 runs. This total was passed for the loss of only 2 wickets, Ritches and Simms each making over 50.

The Inter-hospital Shooting Cup has just been lost to Guy's in a most vexatious manner. Owing to the absence of one of the team, and the failure, at short notice, to find a substitute, only five men could contribute to our total, which nevertheless only fell short of the winning score by 14 points. A man who had never shot before, propped up to fire in the direction of the target, could hardly have failed to make the necessary number. The Cup was won by Guy's in 1903 and in 1904.

Other hospital gazettes, besides ourselves, are forced into grumbling when in search of funds. In "The Broadway, or Westminster Hospital Gazette," we read that the bazaar recently held in aid of the hospital funds resulted in a net profit of £7,000. "We cannot help thinking," says the Editor, "that Society (with a capital S) was far too much upon its dignity, and that a little less respectability and a little more life, such as would be afforded by the presence of a selection of the more popular actresses, or as one critic was heard to suggest, the front row of the Alhambra ballet, would have resulted in a more substantial addition to the hospital funds." This does not seem very grateful to Society (with a capital S), while to the front row of the Alhambra ballet it is positively insulting. At other times, however, the editor of "The Broadway" can be both prudent and tactful, as appears in the following cryptic paragraph:—"One or two extremely unpleasant incidents," he says, "have occurred lately in the nursing world, but, although we have our own opinion on these matters, they are, perhaps, better not discussed in public."

# Two Cases of Hepatic Abscess.

CLINICAL LECTURE BY DR. FAWCETT.
June 21st, 1905.

GENTLEMEN,—I propose to-day to bring before your notice two cases which have been in Clinical ward recently under my care, one of them illustrating an acute form and the other a chronic type of hepatic abscess. For the notes of the case I wish to thank my clinical, Mr. S. M. Wells, who throughout devoted great care to our patient, and to whom her present well-being is largely due.

Annie M., æt. 25, was admitted on April 22nd, 1905, her illness having commenced nineteen days before. Her previous illnesses consisted of an attack of typhoid fever, five years ago, which lasted nine weeks, and she also told us that she had had "rheumatic fever" fifteen months before. There had been no previous attacks of abdominal pain, nor had she suffered from indigestion, nor from any symptoms of gastric disorder. Menstruation had always been regular. She was apparently in perfect health until the onset of the present illness.

*Present illness.*—On April 3rd the patient complained of headache and pains "all over." She continued at work for three days, but then had to take to her bed. The following day she was seized with acute abdominal pain, sufficiently severe to "double her up," but not to cause vomiting. The pain persisted, but became less acute. The bowels were regular throughout. On April 13th, that is, ten days after the onset, she was sent to the Brook Hospital, and while there the liver dulness was noticed to increase in a downward direction for a distance of one and a half inches. The Widal test was negative. During her stay at the Brook Hospital, the temperature ranged between 100° and 104° F.

*Condition on admission.*—The patient was pale, with flushed cheeks and a very moist skin. Pulse 116 per minute, easily compressible; temperature 101·4°, and respiration 36 per minute.

The limits of the liver dulness are shown in the annexed diagrams, Figs. 1 and 2.

The abdomen appeared full, and there was a distinct prominence in the right hypochondriac region, extending over into the epigastric region. The edge of the liver could not be felt distinctly on account of the rigidity of the muscles in the upper right quadrant of the abdomen. Rectal

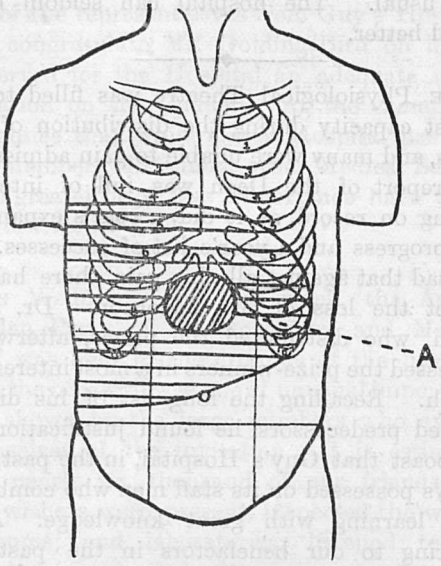


FIG. 1.—Area of dulness. A. Tender area.

examination was negative. The lungs on both sides moved well, but over the back, on the right side, there was an area of dulness represented in Fig. 2. There was also slight impairment of

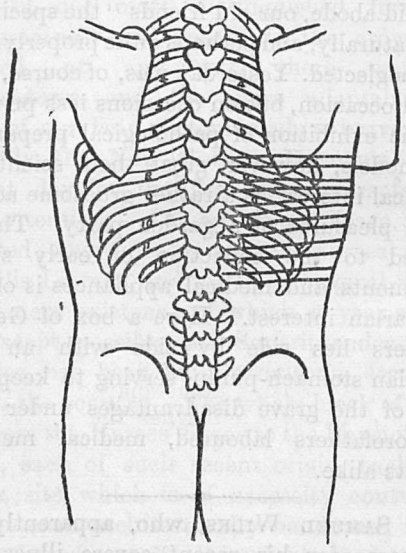

FIG. 2.—Area of dulness posteriorly.

the note over the extreme base on the left side. No pleuritic rub was audible. The air entry and voice sounds were absent over the lower part of the thorax on the right side posteriorly. The heart and other organs, as also the urine, were normal.

First of all, let us consider the diagnosis. The general condition of the patient was, as I have already indicated to you, a very serious one, and she was sweating profusely. The physical signs pointed to the presence of a lesion below the diaphragm rather than above it, as is shown by the facts I shall now draw your attention to :—

1. The increased area of the liver dulness and the fact that the liver had been observed to enlarge downwards since the patient had first been taken ill.

2. The bulging in the right hypochondriac region.

3. The signs at the right base. These might certainly have been due, or partly due, to a pleuritic effusion, but the fluid, if present, was not in sufficient amount to displace the liver downwards to the extent that existed. It is true that fluid in the pleural cavity may push the liver downwards, but even with a very large effusion I think it is extremely rare to see anything like the amount of displacement which existed in this case. Most of you will probably agree with me that, in pleuritic effusion, displacement of the liver is a sign which is rather exaggerated in the text-books. It is uncommon in an adult, even when the pleura is full of fluid, to have the liver pushed downwards to any extent, and certainly not to the degree exhibited in our patient.

4. Neither signs nor symptoms suggested a pulmonary lesion as the primary cause, and even if there was fluid in the pleura the patient was obviously too ill for such a small effusion to account for all her symptoms.

You will perhaps say, How is it, if the primary condition was below the diaphragm, that the line of dulness extended straight round the side of the chest wall? Is it not true that, for example, in cases of subdiaphragmatic abscess the dulness is increased upwards in front and in the axilla, and then sinks down towards the spine again? Such a dome-shaped outline does occur in some cases, but when there is an acute inflammatory condition below the diaphragm, it is quite common for inflammation to spread through the diaphragm and to give rise to some effusion into the pleural cavity above. In that way the level of the dulness would be raised to the horizontal. This is what we took to be the explanation of the physical signs which were present, and is what was found to be the case at the operation.

I have already mentioned the word "abscess." If you had seen the patient you would have agreed that there was no getting away from the fact that pus was present somewhere. The patient was extremely ill, with a hectic flush, intermittent temperature, rapid pulse, a moist, sweating skin, and she told us that she had had some "shivery" attacks from time to time. The physical signs indicated the probable seat of the pus collection, and it only remained to decide what was the cause and the exact site of the abscess. Was it a subphrenic abscess or an hepatic abscess, or was it an abscess in the lesser sac of the peritoneum with a secondary collection in either of the two positions just mentioned? A prolonged examination of our patient was impossible, as she was too ill. In favour of the abscess being subphrenic or hepatic in position were the height to which the dulness reached both in front and in the axilla, the extension of the liver dulness downwards, and the bulging in the right hypochondriac region.

On the other hand, the distance to which the dulness reached in the epigastrium, and the tenderness on palpation, with rigidity, over this area, pointed to the possibility of another collection being present in the lesser sac.

The other conditions which we considered were as follows :—

1. *Suppurating hydatid cyst.*—In the absence of previous evidence of the presence of a cyst, it would be practically impossible by physical signs alone to diagnose it from an hepatic abscess.

2. *Acute pancreatitis.*—The chief point against it appeared to be the peculiar enlargement of the liver, but it was quite possible that we were dealing with such a primary cause with a secondary subphrenic abscess.

3. *Suppurative pylephlebitis, or cholangitis.*—Such conditions usually produce a uniform increase in the size of the liver. There was no jaundice, nor were we able to discover evidence of intestinal ulceration, past or present, or of any other lesion to which such a condition might have been due.

There are two other conditions which we considered, but only to as quickly put aside, viz. :—

4. *Gummatous deposits in the liver and in the diaphragm.*—These deposits may be associated with a considerable degree of pyrexia, and if the patient had been in India, or other tropical country, and especially if he had suffered from any intestinal disturbance which might be interpreted as dysentery, you can quite well appreciate how an error in diagnosis might arise. Indeed, such patients have been subjected to

operation before now under the belief that an abscess in the liver was present.

5. *New growth.*—Rapidly growing malignant deposits in the liver may be associated with pyrexia, and, according to Osler, with rigors also. Such a growth, when it reaches the surface and begins to necrose, may feel soft, semifluctuating, and be tender to the touch.

However, although I have mentioned these two conditions, it is only to draw your attention to them, as our patient was in our opinion too acutely ill to be the subject of one of these two lesions.

Having arrived at the conclusion that pus was probably present in or around the liver, you want to know what was our view as to its origin.

Primary abscess in the liver is very rare indeed, occurring, for instance, in some cases of patients in tropical climates who have not suffered from dysentery, and in others in whom at the autopsy no intestinal lesion can be found. I will show you presently specimens from our museum illustrating the latter condition. The patient had never been abroad nor had she had any attack of the nature of dysentery, so that a "tropical or single abscess" from that cause was out of the question. A subdiaphragmatic abscess, on the other hand, may develop and yet the cause of it remain quite obscure.

In this case we had to deal with a general illness to start with, such as might result from any acute specific disease, *e.g.*, typhoid fever, or influenza. This patient had one acute attack of abdominal pain, but she had never had anything of the kind previously. An hepatic or a subdiaphragmatic abscess following an acute specific disease is extremely rare, and as I told you there was no evidence to support a diagnosis of typhoid fever.

*Perforated gastric or duodenal ulcer.*—Either of these conditions may remain latent and then suddenly give rise to symptoms, as for example, from perforation of the ulcer. This was the first cause that suggested itself to us as the probable origin. We thought that there had very likely been a "perforation" at the time of the attack of acute abdominal pain, that a gradual leakage had gone on, an abscess had formed in the lesser sac and secondarily in the subdiaphragmatic region.

In such cases, if only a small leak be present, the symptoms due in the first place to perforation may be quite overlooked in the consideration of the much more serious condition that developes later as the result of the perforation. I will refer to a case in point. A patient who was admitted under me a year or two ago presented signs of a pyopneumothorax. She had been attacked by acute pain in her side some month or so previously, and had apparently gone through an illness which, as far as I can recollect, was thought to be pneumonia. The pyopneumothorax was opened, but the patient did not improve, and later an abscess was discovered beneath the diaphragm. She ultimately died, and at the autopsy a perforated gastric ulcer was found to be the cause of the condition.

We thought it extremely likely that some such condition was present in the patient we are talking about to-day, namely, perforation with an abscess in the lesser sac and a secondary collection beneath the diaphragm.

*Appendicitis.*—An appendicular lesion may be latent in its course, just as a gastric ulcer. In the first place, it may give rise to general symptoms, headache, pyrexia with some abdominal pain, but without any localizing symptoms.

The two causes we have just been talking about are far and away the most common ones of a subphrenic abscess, and we came to the conclusion that one of them was probably the *causa causans* in our patient.

Other conditions, and they are very rare, which occasionally give rise to abscess in the region of the liver, or in the liver itself, are typhoid fever, and suppuration following gall-stones. You may remember that in enterica the gall-bladder is occasionally affected, with, as a result, suppuration in it and in the bile ducts. Gall-stones very rarely, if ever, give rise to a large collection of pus in or around the liver, although sometimes small abscesses are found scattered through the liver in association with a suppurative cholangitis from biliary calculi, and occasionally such abscesses may be accompanied by a subphrenic abscess. In this case it was hardly possible from the physical signs to say whether the abscess was in the liver or above it, although the bulging on the right hypochondrium was suggestive of the liver being the seat of it. With the knowledge of the extreme rarity of hepatic abscess from either a perforated gastric ulcer, or from an appendicitis, we came to the conclusion that the more common condition was the more likely, and we diagnosed a subdiaphragmatic abscess.

The sequel of the case will show you that we were wrong, except with regard to the presence of pus. Mr. Fagge operated at 9 p.m. on the day of admission, and having found pus by exploration through the eighth and ninth inter-

costal spaces on the right side, he then resected a portion of a rib, and in doing so let out some clear fluid from the pleural cavity. The horizontal level of the dulness which I mentioned to you before was due to this fluid. The diaphragm was then seen to be pushed upwards into the wound by something beneath it, and on exploration through this muscle a large abscess cavity, with irregular ragged walls, was opened in the substance of the liver. A quantity of white thick odourless pus came away, with much flocculent material. Previous to puncturing the liver, the edges of the incision in the pleura were stitched together, so as to prevent, as far as possible, infection of the general pleural cavity.

From April 23rd to May 9th, although the patient's condition was at first very precarious, she seemed to show some improvement, but, as you may see from the charts, the temperature was high for a considerable time—101° and 102°. Physical signs of fluid developed in the right pleura, and later pus was discovered there. The empyema was opened and drained, but it was not until June 10th that the temperature became normal. The patient is now convalescent.

A pure cultivation of streptococcus longus was obtained from the pus from the liver abscess.

It is true that we are not yet very much wiser as to the cause of the abscess, and I do not now know what it was due to. There are, however, a few remarks I should like to make about abscess of the liver.

*Remarks.*—In the first place, a division is usually made into (1) tropical or single, and (2) multiple abscesses. This is not altogether a satisfactory division, because sometimes there may be two large abscesses, or one large abscess and several smaller secondary ones. To take the first group, or "single abscess," as I prefer to call it. "Single" abscesses are not always secondary to dysentery, as witness the case we have been discussing to-day.

In specimen No. 1290 in our museum, which I now show you, you will see a large ragged cavity in the substance of the liver. At the autopsy the alimentary canal was found to be free from ulceration, and as far as I know the patient had never been abroad. Specimen No. 1294 shows an abscess in the liver, from a patient who had scarlet fever and died fifteen days after admission. At the autopsy the stomach, intestines and gall-bladder appeared healthy.

Thus, although there is no doubt of the frequent relationship between dysentery and hepatic abscess, yet there are other, though rare, causes. In some cases of "tropical" abscess no lesion is found in the alimentary canal. The bearing of tropical abscess to dysentery seems to be different in different countries. For instance, Drs. Washbourn and Owen Richards tabulated some two hundred and fifty cases of dysentery occurring among the troops in the South African war, and in only one of them did an hepatic abscess develop. Again, in the cases of so-called "asylum dysentery," abscess in the liver is extremely rare. This variation may be due, as Rolleston suggests, to the fact that dysentery includes two forms of colitis, one of which is due to the amœba coli and is followed by hepatic abscess in a considerable proportion of cases, the other, such as that met with in asylums, is due to a bacillus. The latter variety is spoken of as "acute bacillary dysentery," and does not show any tendency to be followed by single hepatic abscess.

Other causes of single hepatic abscess are extremely few and far between. In some cases they are traumatic, either direct, as from a punctured wound, or indirectly from a blow, with, as a sequel, suppuration in the damaged part. They may arise secondarily to conditions such as we have been considering to-day, viz., perforated gastric or duodenal ulcer, enterica, or gall-stones. But, as I have already said, such cases are extremely rare, and when pus collections do form in these cases, it is far more commonly in the guise of multiple abscesses, or of a subphrenic collection, rather than of a large abscess in the liver itself.

Now as to the character of the pus: in a great many cases it is chocolate coloured, owing to the admixture of blood and disintegrated liver tissue, and it has often a foul smell. In others the pus is white, and in the amœbic cases the pus is said to be translucent and of glairy consistence.

*Course and complications.* — In the patient whose case we have been considering to-day the only complication that ensued was the formation of an empyæma. Such a condition may develop either by direct spread of the inflammation through the diaphragm or by rupture of the abscess into the pleural cavity.

Rupture may take place into other cavities, as, for example, into the peritoneum and the colon. Here is a specimen, No. 1301, from our museum, in which the lung was invaded.

*Prognosis.*—This depends in most cases upon whether operation is done early or not, and also upon the number of abscesses which are present, for you will remember that I told you that in some cases there might be one or more small abscesses in association with a large one, but in any case it is serious. For instance, in our patient, the temperature remaining high for so long, some seven weeks in all, despite the fact that the abscess cavity and the empyæma were draining well, made us fearful that she was developing pyæmia, or a general septicæmia, a likely condition in such circumstances.

As I have already mentioned, rupture may take place into various organs or spaces: if into the general peritoneal cavity the prognosis is very grave indeed, while it is less so when the lung or the colon are the parts involved. A chronic discharge may lead to the development of lardaceous disease; and, in "tropical" abscesses at any rate, there is always a chance of a reproduction of the pus.

CASE 2.—George W., æt. 27, was admitted on April 29th into Clinical ward. For the report of the case I am indebted to Mr. O'Brien. The patient joined the Navy eight years ago, and shortly afterwards was in the region of China and Japan for three and a half years. In 1902 he was an in-patient under Dr. Bryant. Fifteen months before this date he had suffered from dysentery, which lasted for a period of five months. From that time until admission in 1902 he had had sharp attacks of pain over the liver, which necessitated keeping in bed for short periods. When admitted in 1902 there was a somewhat rounded tender prominence in the right hypochondrium and epigastrium, in the area shown in the diagram, in which is also delineated the outline of the liver dulness (Fig. 3). Behind, the dulness sloped downwards to the eleventh rib. The patient was only in the hospital for six days, at the end of which time he discharged himself. His evening temperature was 100°. Dr. Bryant's diagnosis was "tropical abscess." Since 1902, the patient states that he had suffered from severe attacks of pain at intervals in the right side, and that he has had to give up work while they lasted. During the three weeks prior to readmission the pain over the liver has been considerably worse and constant. The pain usually commences over the lower part of the sternum, and in a day or two is felt most severely between the shoulder blades, and later seems to be located over the liver.

The patient had a sallow aspect; he complained of pain in the hepatic region. There

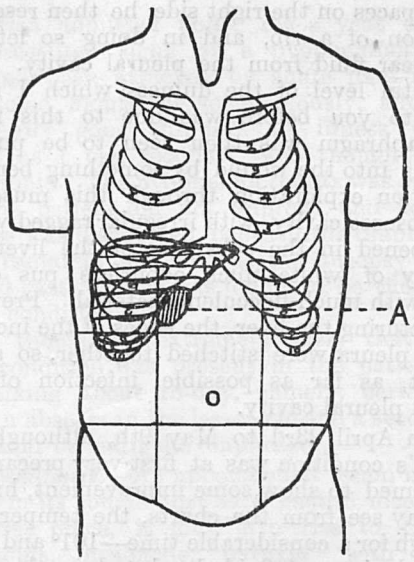


FIG. 3.—Area of liver dulness (1902). A. Rounded prominence.

was no history of any venereal disease. The chest bulged rather more in the right hypochondrium than in the left, although on measurement with the cyrtometer very little difference was found in the two sides—17½ inches as compared with 17 inches. The rounded prominence in the right side, which was detected when patient was in the hospital in 1902, was still quite obvious and probably rather more so. The extent of the liver dulness

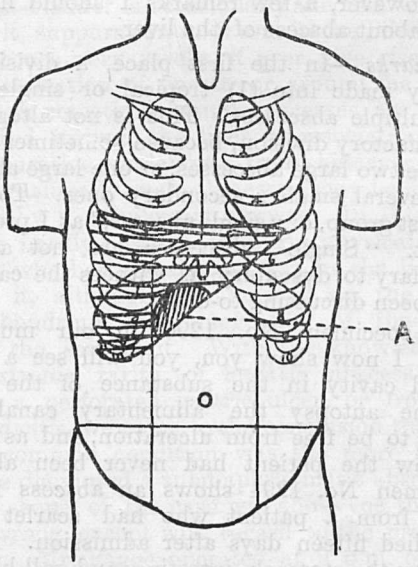


FIG. 4.—Area of liver dulness (1905). A. Rounded prominence.

had increased, as is seen on comparing Figs. 3 and 4. In the axilla the dulness reached as high as the fifth space, and posteriorly to the ninth space. The edge of the liver could just be felt below the costal margin, and there was some tenderness over the liver on palpation. During the first four days of patient's stay in hospital the temperature reached 100° in the evening, but later it became normal, and remained so. A blood-count showed the presence of 23,000 leucocytes per c.mm. There were no physical signs of disease in any of the other organs of the body. The diagnosis seemed to lie between—

1. Hydatid cyst.
2. Chronic abscess: and
3. A gummatous liver.

There was no history of syphilis, nor any evidence of it, past or present. No irregularities were felt in the liver, such as might have been produced by gummata or old cicatrices, and there was no evidence of the presence of lardaceous disease.

In favour of chronic abscess was the history of dysentery, followed by the periodical attacks of pain over the liver, the bulging in the hepatic region, and the enlargement of the liver, which had increased since 1902. The sallow appearance of our patient, and the "attacks" from which he had suffered from time to time during the last three or four years, were also contributory facts which supported the diagnosis. He was therefore advised to undergo an exploratory operation. The possibility of the enlargement of the liver being due to a hydatid cyst was considered, and it was only his previous history and sallow appearance which made us lean to the diagnosis of abscess rather than hydatid cyst.

*Operation, May.*—Mr. Steward explored through the ninth space, and having found pus he opened the pleura, and packed the wound with gauze, so as to shut off the general pleural cavity. Two days later the patient was again anæsthetised, and a needle was again inserted some dozen times, but without success in finding pus. The diaphragm was then divided and the surface of the liver exposed. It was found to be exceedingly hard, almost cartilaginous. Mr. Steward then pushed the needle some four inches into the liver before he found the pus again; about two ounces were evacuated. On bacteriological examination the pus proved to be sterile. The after progress of this patient was in every way satisfactory; by May 30th the patient was getting up, and he was sent on June 18th to a convalescent home.

This case serves as a very good example of the course of a chronic hepatic abscess. Instead of running a course of six or eight weeks, as in the acute case, this case had apparently persisted for three or four years. The abscess cavity was a very small one, and its capsule extremely thick and tough. The wall in many of the chronic cases exhibits the same character. Here, for instance, is a specimen, No. 1300, from our museum. It shows many calcareous plates removed from the wall of a liver abscess. The patient from whom it was taken was under the care of Dr. Bright, in 1831; he was admitted for a distended abdomen with dilatation of the superficial veins. At the autopsy, an abscess was found in the right lobe of the liver and pressing upon the inferior vena cava.

Thick walls, such as those we have been talking of, would form an effective barrier to the absorption of toxic products, and hence you can readily understand the paucity of symptoms which might arise even after a period of years. I may here refer to the so-called "latent" abscess of the liver which gives rise to no symptoms whatever until, perhaps, rupture takes place into the general peritoneal cavity or elsewhere; also to those cases in which the abscess dries up, and, becoming encysted, is found years afterwards at a post-mortem examination.

The treatment, after the diagnosis is made, is obvious. Operation is necessary, because even though there is the possibility of a "spontaneous cure," it is not sufficiently great, even in a chronic case, for any reliance to be placed on such a result. On the other hand, an abscess may rupture at any time, or even if it does not do so it may lead to a general pyæmic infection without any evidence of activity in the liver itself.

## Change of Address.

Mr. A. H. Forbes, L.D.S., from 56 to 49, Elgin Mansions, Maida Vale, W.

Mr. J. F. Ryder, L.D.S., from Guy's Hospital to Hetherset, The Rye, Peckham, S.E.

Mr. John Stevens, L.D.S., from 38, Craven Park Road, Harlesden, to 16, Springwell Avenue, Harlesden, N.W.

Mr. F. J. Steward, M.S., F.R.C.S., from 133 to 125, Harley Street, W.

Dr. Richard U. Wallace, from Cravenhurst, Stamford Hill, to Darenth Lodge, 133, Clapton Common, N.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# THE HOSPITAL APPEAL.

### Eighth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 50,022 | 8 | 0 |
| The Hon. F. H. Baring ... ... ... | 100 | 0 | 0 |
| Mrs. Rachel Myers ... ... ... ... | 100 | 0 | 0 |
| The Hon. Mrs. Molyneux (Collection) ... | 60 | 0 | 6 |
| The Amalgamated Press, Ltd. ... ... | 26 | 5 | 0 |
| Edward G. Coles, Esq. ... ... ... | 25 | 0 | 0 |
| Mrs. Gaskell ... ... ... ... ... | 21 | 0 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 13th inst.) ... ... ... | 121 | 17 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £50,476 | 11 | 0 |

## Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

### London University Musical Society.

DEAR SIR,—Would you kindly allow me space in your pages to mention a few details with regard to the proposed London University Musical Society?

This society has been in progress of formation during the past year, and is being strongly supported by the medical schools—four hospitals, including our own, being represented on the executive committee.

The list of applications for membership has now reached about 150, of which two-thirds have joined the choral section, and the remainder the orchestral.

For the first year of its existence there will be no vocal or instrumental test, nor will there be any entrance fee apart from the annual subscription—two strong arguments for joining at once.

The practices, which have been purposely arranged so as not to clash with other hospital ties, will be held on Tuesdays at 6 p.m. The first of the session will be on October 10th, and will be preceded by a short general meeting, formally inaugurating the society. Sir Frederick Bridge, who is taking an active interest in the proposed society, will take the chair on the occasion.

I enclose the official prospectus, and should be glad to send forms of application to any intending members, especially of the instrumental section.—Sincerely yours,

F. A. BARKER.

## A Case of Reduction en Masse.

I THOUGHT that after Mr. Symonds' lectures the following case might be of interest:—

C. P., æt. 64, a shepherd, was admitted to the Watford hospital on January 19th, 1905. For many years he had suffered from a large double scrotal hernia, which was not kept up at all well by a truss. It often came down, but he always managed to push it up. On January 18th this happened to the rupture on the left side, he "pushed it up," but continued to feel very ill. This he put down to some fish he had had for dinner; he therefore took some mustard and water, after which he was violently sick. He felt no better and called in a doctor, who advised his removal to the hospital, which was done the next morning.

*On admission.*—He walked into the hospital a healthy old man, who did not at all give one the impression of being ill. He complained of little pain, and had not been sick since his vomiting after the mustard. His bowels had not acted since the morning of the 18th, but he was not sure whether he had passed any flatus.

*Examination.*—Pulse 72, tongue moist. The abdomen was soft and not tender, but over the internal ring there was an indistinct swelling. There was a scrotal rupture on the right side, which slipped back easily; on the left side, scrotum and canal were empty.

Reduction en masse was suspected, but it was decided to wait a few hours before operating, as there was the doubtful history of vomiting owing to the emetic having been taken. No opium was given, but he was allowed plenty of milk.

I saw him again in the afternoon; he had vomited at once after the milk, he had passed no flatus, the swelling over the ring was more distinct and tender to the touch. It was now decided to operate at once. Chloroform was given, and after the usual preparation an incision of three inches was made starting just outside the internal abdominal ring. On opening the peritoneal cavity the sac was found with a large loop of bowel inside; part of the neck was torn. It was evidently the second variety described in the lecture. The constriction was divided and the bowel pulled out; it was somewhat congested, but quite healthy. It was put back, and the wound carefully sewn up. He made an uninterrupted and uneventful recovery, and left the hospital on February 23rd.

This case seems to me to well illustrate the period of repose after initial symptoms. This is so graphically described by Mr. Symonds, and is often no doubt most misleading. From his general appearance on admission no one would have thought for a moment that this would turn out to be a case of strangulated hernia, and yet if he had been left till the next day, with perhaps a large dose of opium, irreparable damage would have been done to the bowel.

Watford. E. F. H. HARDENBERG.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Eighth List of Collections.

(Received up to Thursday, July 13th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 55,383 |
| Addison, Sister (284s.)—John Hall ... ... ... ... | 13 |
| Ball, M. E. (10s.)—E. Ball ... ... ... ... | 10 |
| Bartlett, G. N.—Miss Mackensie ... ... ... | 10 |
| Benyon, Mrs. (1174s.)—Miss Sanders ... ... | 20 |
| Bingham, Miss (4s.)—J. W. ... ... ... ... | 10 |
| Blott, Miss (13s.)—B. Barton, 2½; E. M., 2; J. E. Ekins, 8 ... ... ... ... ... ... | 12½ |
| Broome, Miss F. (116s.)—Mrs. Carter ... ... | 20 |
| Brown, Miss—A. Turnour Murray ... ... ... | 10 |
| Brown, Miss A. (97s.)—A Friend ... ... ... | 5 |
| Carr-Hill, Miss (17s.)—A Friend ... ... ... | 3 |
| Child, Stanley (107½s.)—Mrs. Morris ... ... | 10 |
| Craig, Mrs. M.—Mrs. Kentish Brock ... ... | 23 |
| Deane, Dr. E.—G. Deane ... ... ... ... | 30 |
| Dryland, G. W. (63s.)—Miss K. Curtis ... ... | 42 |
| Esther, Sister (5s.)—Friends ... ... ... | 12 |
| Garrard, Dr. W. A.—E. M. Garrard, 1½; Mrs. Drabble, 1; H. T. Meakin, 2½ ... ... ... | 5 |
| Grove, Dr. W. R.—Herbert E. Kirby ... ... | 42 |
| Hawkins, Miss M. (24s.)—Mrs. Gerard ... ... | 42 |
| Hearnden, Dr. W. F. (539½s.)—A. Thomas, 21; Mrs. Hopgood Hurt, 21 ... ... ... ... | 42 |
| Hickman, Dr. H. V. (51s.)—Mr. Liddiard, 5; B. Perry, 3 ... ... ... ... ... ... | 8 |
| Hughes, Miss F. G. (4s.)—Miss A. Scrivener ... | 2 |
| Hutchinson, Miss E. (115s.)—Miss Ellershaw, 4; L. E., 1 ... ... ... ... ... ... | 5 |
| Jackson, Miss (10s.)—E. Clark ... ... ... | 5 |
| Jacob, E. D. (5s.)—Anon. ... ... ... ... | 1 |
| Job, Sister (77s.)—F. G. Moore ... ... ... | 20 |
| King, Miss (10½s.)—S. G. and Friends ... ... | 6 |
| Knight, Miss A. (28s.)—Anon. ... ... ... | 1 |
| Knott, Dr. C. (24s.)—Dr. C. Knott... ... ... | 28 |
| Landon, Dr. and Mrs. ... ... ... ... | 100 |
| Larkin, Dr. F. G.—Sidney Smith ... ... ... | 21 |
| Lawson, G. L. L., M.R.C.S. (61½s.)—Mrs. M. Lawson, 2½; Mrs. E. Lawson, 5; Mrs. Morton, 1; T. Ireland, 1; Mrs. Baird, 2½; A. Burrell, 1 | 13 |
| Layton, Mrs. (1s.)—Mrs. C. E. Layton ... ... | 8 |
| Leedham, Miss (70½s.)—Mrs. Blakeney ... ... | 5 |
| Leslie, Miss E. M.—H. C. Arthur, 21; Miss H. Ellis, 3 ... ... ... ... ... ... | 24 |
| Mary, Sister (30s.)—Anon. ... ... ... ... | 5 |
| Carried forward | 55,996½ |

| Name | Shillings. |
|---|---|
| Brought forward | 55,996½ |
| Mesquita, Dr. S. B. de (20s.)—Mrs. Vandenberg... | 20 |
| Mills, P. ... ... ... ... ... ... | 5 |
| Millar, Miss (83½s.)—Mr. Quilter, 5; Mr. Barwell, 1; Mr. Swift, 2 ... ... ... ... | 8 |
| Millar, Mrs. W. R., jun. (2s.)—W. Southey ... | 2 |
| Morgan, E.—Miss M. Essinger, 49; Miss Solomon, 12½ ... ... ... ... ... | 61½ |
| Morley, Miss S. E.—Anon. ... ... ... ... | 20 |
| Mullins, H. R.—Four Anons. ... ... ... | 40 |
| Owen, Miss M. L.—Miss Ada Dicker ... .. | 5 |
| Palmer, F. W. Morton—A Friend ... ... ... | 3 |
| Pulbrook, Miss (89s.)—Mr. Pulbrook ... ... | 23 |
| Queen, Sister (212½s.)—Mrs. Lindsey ... ... | 5 |
| Reeve, Miss H. (3s.)—Miss Annie Reeve ... ... | 1 |
| Reeves, Dr. J. K. (23s.)—F. C. Bissett, 1; W. Malcolm, 1 ... ... ... ... ... ... | 2 |
| Reynolds, Dr. John (53s.)—J. M. E. F. E. and A. Ackery ... ... ... ... ... ... | 10 |
| Roberts, Richard (1s.)—H. Singer ... ... ... | 2 |
| Robinson, Mrs. (10s.)—Miss Boynes, 2; Mrs. Witherington, 4; Miss Dashwood, 5 ... ... | 11 |
| Ruth, Sister (Miss Edgecumbe) (1297s.)—B. Pasterfield ... ... ... ... ... ... | 130 |
| Sharp, N. A. D. (8½s.)—G. E. D. S., 3; D. D. S., 4; Woodfield, 3 ... ... ... ... ... | 10 |
| Sherry, Mrs. ... ... ... ... ... ... | 2½ |
| Spurway, Miss (8s.)—Anon. ... ... ... ... | 15 |
| Stafford, Miss—Mrs. Stafford ... ... ... | 10 |
| Stephenson, Miss—Miss B. Bishop... ... ... | 5 |
| Studdert, Miss G. (5s.)—Anon. ... ... ... | 21 |
| Suart, Miss H.—Sisters' Quarters, Aldershot ... | 12½ |
| Taylor, Miss Etta (8s.)—A. Wylie ... ... ... | 4 |
| Thompson, F. C. V.—Misses Grove ... ... | 2 |
| Ward, Miss P. (3s.)—Martin M. McCarthy ... | 10 |
| Wilkinson, Miss A. (2s.)—Anon. ... ... .. | 2½ |
| Willes, Miss (26s.)—Mrs. Pricton ... ... ... | 2 |
| Willan, Dr. G. T., Sen. (2½s.)—Miss. R. Oliver ... | 55 |
| Wing, Dr. C. E.—M. S. Ive, 1; L. S. Ive, 1; A. Pyke, 1; K. E. Ridgers, 1; E. G. Ive, 1; H. W. Fort, 1 ... ... ... ... ... ... | 6 |
| Wright, Miss A. (24s.)- Miss Aitken, 1; Miss Morris, 2; A. Bunting, 3; Miss H. Lambert, 1; Mrs. Holdsworth, 1; Miss Longman, 3 ... ... | 11 |
| Wright, Dr. C. J. ... ... ... ... ... | 1 |
| Wyatt-Smith, Dr. F. (42s.)—Mrs. L. Wynne ... | 7 |
| Zorab, Arthur (20s.)—Mrs. D. Donner, 40; Miss Reeves, 10; Miss M. Carter, 10 ... ... ... | 60 |
| | 56,584½ |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 522 |
| TOTAL (up to 13th inst.) | 57,106½ |

## Papers by Guy's Men.

The Cavendish Lecture on Disease of the Heart. By James F. Goodhart, M.D., LL.D. Aberd., F.R.C.P. Lond.—*The Lancet*, 1st July, 1905.

Lectures on Carbohydrate Metabolism. A Course of Advanced Lectures in Physiology, delivered at the University of London. By F. W. Pavy, M.D. Lond., LL.D. Glasg., F.R.S.—*Ibid.*

# Guy's Hospital.

## Distribution of Prizes.

A large and distinguished company of ladies and gentlemen gathered in the grounds and various buildings of the Hospital last Wednesday, to do honour to the winners of prizes in the academic year just closed. In the grounds the band of His Majesty's First Life Guards discoursed a choice selection of classical music, and as the weather was beautifully fine and sultry, this was obviously much enjoyed.

At three o'clock the Governors and Staff of the Hospital assembled in the Court-room, and thence proceeded to the Physiological Theatre, where the chair was occupied by our genial Treasurer, Mr. Cosmo Bonsor, supported on his right by Dr. P. H. Pye-Smith, who had been asked to distribute the prizes.

Mr. COSMO BONSOR expressed gratification at the large number of members of the Staff present, especially welcoming Sir Samuel Wilks after his long illness, who was taking as keen an interest in the welfare of Guy's Hospital as he always had done. It was always a great pleasure to have Dr. Pye-Smith present to give away the prizes. A distinguished Guy's man on a most important Guy's day, what could be more eloquent of the good of Guy's Hospital School?

He then called upon the Dean to read his annual report.

DEAN'S REPORT, 1904–5:—

The work in the Medical School has throughout the year maintained a very high standard of efficiency. In illustration of this fact the following figures will be of interest.

At the University of London 10 men graduated as Doctor of Medicine, 1 as Master of Surgery, and 18 as Bachelor of Medicine and Surgery. At the University of Oxford 2 men obtained their Mastership in Surgery, and 1 his M.D. degree. At Cambridge 9 Guy's men have during the year completed their Final Examination for the M.B., B.C., and 1 has obtained the degree of Master in Surgery. At the University of Durham 3 Guy's men have obtained the M.D. degree, and 3 qualified as Bachelor of Medicine. Excluding all University degrees, 50 Students from Guy's Hospital have obtained diplomas granted by the Royal Colleges of Physicians and Surgeons and other Bodies granting qualifying diplomas, and 10 obtained the diploma of F.R.C.S. During the year also 4 Guy's men obtained a commission in the Royal Army Medical Corps.

From the Dental School 30 men have obtained the Diploma of Licentiate in Dental Surgery of the College of Surgeons since this time last year.

The changes on the Medical and Surgical Staff during the past year have, happily, been few. I regret to announce the death of Mr. John Birkett, Consulting Surgeon to the Hospital, who died in July, 1904, and it is with the most sincere regret that the School has received the resignation by Mr. Jacobson of his appointment as Surgeon to the Hospital by reason of a sad family bereavement. The Medical Staff desire to express their deep sympathy with Mr. Jacobson in his trouble, and to record their great appreciation of his ungrudging services to the Hospital during the many years that he was on the Staff. A beloved colleague, a famous surgeon, and a brilliant teacher, he has by his departure made a gap in the ranks of the Surgical Staff that it will be almost impossible to fill.

Mr. Arbuthnot Lane has been elected a Surgeon in the place of Mr. Jacobson, and Mr. C. H. Fagge has been appointed Assistant Surgeon to fill the vacancy caused by Mr. Lane's promotion.

We have also to announce with great regret the resignation of Professor A. W. Reinold, the Lecturer on Physics; the School desires to express to him its most sincere thanks for the services he has rendered in that capacity during the long period of thirty-two years that he has been on the Teaching Staff.

During the year the Governors have created a new appointment, that of Resident Surgical Officer, and Mr. A. R. Thompson, late Surgical Registrar, has been chosen as the first holder. To fill the vacancies caused by Mr. Fagge's and Mr. Thompson's appointments, Mr. R. P. Rowlands has been elected Surgical Registrar, and Messrs. P. N. Blake Odgers and W. M. Mollison have been appointed Demonstrators of Anatomy.

Mr. H. F. Bell-Walker has been appointed Medical Registrar in succession to Dr. Barber, and Dr. A. G. Levy has been appointed Anæsthetist to the Dental School.

Mention was made last year of the fact that five additional Anæsthetists had been appointed by the Governors to provide the instruction in the administration of anæsthetics required of all candidates for the various University degrees and for the Diploma of the Conjoint Board. These arrangements have been an unqualified success. Instruction has been given to 78 Students, and during the year upwards of 800 anæsthetics have been administered under supervision without a single casualty.

To-day the new Gordon Museum of Anatomy and Pathology, which at this time last year was not begun, is open to your inspection, and the School can only once again thank Mr. Gordon most heartily for his repeated munificence, and for his continued interest in the welfare of medical education and its consequent benefits to the sick and suffering, not only here, but throughout the world.

Stimulated by his generosity, the School Staff, having borrowed the necessary capital for the purpose, has erected an additional Lecture Theatre, with Curator's and other rooms, adjoining the Gordon Museum. As a consequence the old block of buildings, which contained the former Pathological Museum and class rooms, can be pulled down, and a larger garden space made available for the use of children and convalescent patients.

The completion of these buildings forms an important step in a comprehensive scheme for the grouping of all the School buildings in one block, and as a result of a very heavy capital expenditure during the past twelve years with this object in view, the School Staff can now feel confident that in respect of laboratory and museum accommodation and teaching efficiency, the Medical School of Guy's Hospital is second to none in the kingdom.

The financial relations between the Metropolitan Hospitals and their Medical Schools have been the subject of the most careful consideration by King Edward's Hospital Fund during the past year. A committee, under the chairmanship of Sir Edward Fry, was appointed at the latter end of 1904, and having examined numerous witnesses, issued an exhaustive report. It is with great satisfaction that we state that as a result of their inquiries the Committee was of the opinion that "In the cases of Guy's Hospital and the Royal Free Hospital, we doubt whether, on consideration of all the circumstances (and especially, in the case of Guy's Hospital, to the facts stated by the Dean of the Medical School), the schools can be considered as deriving any pecuniary benefit from the Hospitals."

The Medical School at Guy's has always paid its way in the past, and is doing so at the present time, without any subsidy from the funds of the Hospital, but this satisfactory result has only been obtained by means of heavy sacrifices and much devoted work on the part of the Medical, Surgical and Teaching Staff.

The financial condition of the Medical Schools in London, revealed by Sir Edward Fry's Committee, has made it plain that it is impossible at the present time for Medical Education to be adequately maintained without financial assistance or endowment, and for this reason we are to-day, as on many previous occasions, again appealing to the liberality of the wealthy. In May, 1897, His Majesty the King, then Prince of Wales, on the occasion of the opening of these very buildings, made the following weighty appeal:—"The Medical Staff have expended as much as they safely can, and it is to men of wealth and philanthropic aspirations that we can confidently look for further assistance. Let such men once realise that money given for the purpose of Medical education directly benefits humanity, and I cannot doubt that that spirit, which has prompted the British people to provide by voluntary effort what in other countries is provided by the State, will prove effectual in the present need."

Here again, eight years afterwards, we have to thank His Majesty for that appeal, which has in the interval brought to us at Guy's the Gordon Museum, the Gordon Lectureship on Pathology, the Wills Library, and financial assistance from the Right Honourable A. J. Balfour, Mr. Pierpont Morgan and others.

The Medical Staff have, in addition, spent yet more money in the enlargement of the School, but more is still needed. There is now on this spot the most ample and efficient laboratory and teaching accommodation of any Metropolitan School, and it only remains, by means of the necessary endowment of Lectureships and Scholarships, to ensure that Guy's Hospital, with its Medical School, shall be enabled to maintain and improve its position as a centre for the diffusion of medical knowledge throughout the world.

Dr. PYE-SMITH then presented the prizes and diplomas, and at the conclusion of that function, said: Mr. Treasurer, my Lord, ladies and gentlemen, My first duty—and it is a very pleasing one—is to congratulate those students who to-day have received the reward of their labours, and to wish them a very prosperous, happy, and useful career in the future. They have entered into the great association of Guy's men, who are scattered all over, not only the United Kingdom, but over the Continent and all quarters of the world. I trust those who have joined the number to-day will hereafter have the same feelings as those who preceded them, that they will be successful in their profession, and that they will enjoy the happiness which is given, not only by continued practice, but by earning the esteem and the affection of those to whose care they owe so much. If they have any leisure from the more severe duties of study and the imperative duties of recreation which will surround them, I recommend that they should occasionally, on a wet afternoon, enter the Wills Library and take down from the shelves the History of Guy's Hospital, which was written by our beloved friend, Sir Samuel Wilks. (Applause.) They will there learn that they are citizens of no mean country, and that there are many of the most illustrious names in our profession which belong to Guy's. I must not weary you when speaking of all of these, but I would just like to say that from the very beginning the School of Guy's has been distinguished not only for strictly professional knowledge, but for general learning. Not long after the death of Guy, we had a physician here, Dr. Duhring, who was President of the College of Physicians, and whose works, mathematical and physical, have received the high esteem and praise of the great German physicist, Helmholtz. And not long after his time—still in the early days—there was a student who came here, who never actually joined our profession, but whose name will never die while poetry remains a delight to those who study. That was John Keats. (Applause.) He entered here as a student, he went through his course of study, he dressed for a Mr. Lucas of that day, he sat in the old anatomical theatre—where, I suppose, all here have sat in their turn—and he has left us the memory of his brilliant name for ever. Afterwards there were a series of most distinguished men who illustrated the end of the 18th and the early years of the 19th century. There was Sir Astley Cooper, the best known, perhaps, of all names. Abroad, wherever one goes, one finds—in France, in Germany, and in any other civilized country—that his name is known and honoured. And there was Dr. Babbington, the older Babbington, best and wisest of men, of humour, skill and Irish wit, and of such a benignant personality that he seemed to have extorted the love and reverence of everyone about him. You will find an account of him in the life of Sir Astley

Cooper, by his nephew. And he was the only member of our profession, with the exception of Sir Astley Cooper himself, who was, I believe, accorded the honour of a public funeral. If you go into St. Paul's you will see, not far from each other, statues to the senior surgeon and senior physician of this hospital, Sir Astley Cooper and Dr. Babbington. His son, Benjamin Guy Babbington, was a most brilliant man. I remember seeing him when I was a child, being taken to him for some ailment when he lived in George Street, Hanover Square. The late Sir William Gull told me that Guy Babbington was the most brilliant man he ever knew. He entered the Navy as a midshipman at first, and he then settled in India, and became Professor in the University of Bombay. He then took his degree at Cambridge. and then came to Guy's, where he succeeded his father. He was one of the inventors of the laryngoscope, and, as Sir William Gull told me, quite apart from his professional skill and chemical knowledge, he was a good boxer, a most expert fly-fisher, and a most genial, amiable and witty man. Not far removed from these two Babbingtons were three men whose names are honoured over our wards, Sir Astley Cooper, Bright and Addison, all of them names not yet forgotten, and names which will live as long as medicine exists. And again, as we pass on, we arrive at many other distinguished physicians and surgeons, some of them still with us. We have two of them with us to-day, close by, and we congratulate Sir Samuel Wilks and Mr. Bryant, while Dr. Pavy is still living and still working in the same way that he has worked for fifty years. (Applause.) We are proud of these men. But I am sure you will agree with me that the prosperity of our great Medical School does not rest only on the physicians and surgeons. From the very beginning we have had the advantage of help from most able and distinguished laymen. Guy himself, our founder, was an example of it, and let me beg those who have heard the foolishly repeated slanders against his name, to be assured that he was not a miser nor a niggard to his near of kin. He provided for his own mother as long as she lived, he provided for all his blood relations by his will, he built handsome almshouses in his native town of Tamworth, and when he came to London he became an active member of Parliament, an active member of the Stationers' Company, and an active and liberal and benevolent Governor of the then adjacent Hospital of St. Thomas. He rebuilt some of their wards and then founded this Hospital. It was first intended as, and it long was, a unit of St. Thomas' Hospital for Incurables. And so, we may say, it is now: only the incurables of two centuries ago are now, thanks to the modern skill of surgery and medicine, the curables of to-day. (Applause.) We have also been fortunate in our succession of Treasurers who have held the reins of power in Guy's. One who was Treasurer for over fifty years was called King Harrison. He ruled with a beneficent tyranny which extorted the admiration of all, governors and staff. It is said that on one occasion a noble lord who had recently been made a governor, ventured at a meeting to get up and speak. Harrison checked him with, "What are you going to say, my lord?" "I will try to tell you if you will allow me to speak." "But how can I let you speak unless I know what you are going to say. You may be saying a thing contrary to me." (Laughter.) He ruled for fifty years and left a most splendid inheritance. Then we must remember the late Mr. Turner, who built a new wing: and there is Mr. Lushington, whom we all knew, and who only lately was called away from us at a very advanced age. And I think I may say we have now one equal to all—(cheers)—it is unnecessary for me to go further, you all know him so well, and honor him. Then, lastly, we have to remember, apart from the medical men and governors, a succession of men whom we are bound to remember as worthy of our enduring respect. William Hunt, of Petersham, may be called almost the second founder, because he built a great new building, which will be always called after his name; and since then we have had a number of benefactors. We have the Wills Library, built by Sir Frederick Wills; we have a number of magnificent contributions to the hospital funds, and we have additions in various directions for the comfort and well-being of the inmates, both patients and students. And of late we have received, in addition to many other benefits to the hospital, two striking instances of benefaction from one of our governors, who is justly honoured amongst us, who has built the museum which is open to-day, and whose name will never depart from our memories—Mr. Robert Gordon. (Great applause.) We thank him most heartily and sincerely, and we trust we shall never forget his benefits. And, in order to emphasize the tie which he has forged between himself and all Guy's men, we beg him this day to accept an offering which reproduces in silver the statue standing in the midst of the court-yard. Of that we ask Mr. Gordon's kind acceptance, as an evidence of the universal esteem in which he is held, and that as he has followed in Guy's steps he may be called the second founder of this hospital. And allow me to present you with this book, which is signed by the Governors of this hospital, and has this morning been signed by our President, his Royal Highness the Prince of Wales. (Cheers.)

Mr. ROBERT GORDON (who on rising to respond was visibly affected) said: Dr. Pye-Smith, fellow Guy's men, ladies and gentlemen, I do not know how to respond adequately for this remarkable demonstration. I did not look for any recognition of the services which it has been my privilege to extend to Guy's Hospital. It has been sufficient compensation for me to know that it has removed the reproach which has so long rested upon Guy's Hospital that they are the possessors of one of the finest, if not the finest, anatomical collections in the world, but the most miserably housed. That it has not before now found a fitting resting-place has not been because it was recognised that it would not have it, but, as in the case of other matters relating to the Hospital, because financial considerations have largely entered into the question. It has not been possible, therefore,

to house the Museum properly before now, because there were other works connected with Guy's which required more immediate attention. I am glad to think that the students of Guy's will now have an opportunity of studying that Museum under more favourable and more comfortable conditions than have hitherto prevailed. The light which is now given will enable them to study there more favourably, and certainly more comfortably, and it will also, I think, be a comfort to the members of our staff, who occasionally are called upon to go round the Museum with visitors from abroad, representatives of kindred institutions in other countries, or medical and surgical men from our own country, and who heard the opinion, after all the admiration expressed for the beauty of the collection, that it was impossible to see it properly. Your recognition of me, gentlemen, could not have taken any form more acceptable to myself. I have been connected with Guy's now for some few years, and I have taken the greatest pride and pleasure in it; and I can only say I thank you most sincerely for this evidence of your regard. (Loud applause.)

Dr. FREDERICK TAYLOR proposed a hearty vote of thanks to Dr. Pye-Smith for presenting the prizes and medals, and for the address which he had delivered. He must have sympathy with those he had congratulated, seeing that he had himself had the same struggles, and all knew how he had come out of them. When he (Dr. Taylor) was in his first year, he and his fellow-students were startled to hear that two or three Guy's men had obtained the M.D. of the University of London, and that one of them had secured the gold medal, a distinction then considered one of the highest in the University of London. He need hardly say that one was Dr. Pye-Smith. He was soon offered a post on the Guy's Staff, and he successively became demonstrator, teacher and lecturer in the subjects of anatomy, biology, physiology, and finally medicine, until he arrived at that period of his life when it had been ordained that one should, as it were, drop like leaves from a tree. But in Dr. Pye-Smith's case he was sure it was not the dropping of a sere and yellow chippy piece of tissue, but of a subtle fresh green leaf; and the time which had elapsed since then showed that that was a correct description, for he was then freed for good and valuable work in other places, among which he specially mentioned the Vice-Chancellorship of London University. Dr. Taylor proceeded to pay an eloquent tribute to Dr. Pye-Smith's good qualities, his personal friendship, and finally reminded the company of his work in connection with the verandah at Honor Oak Park.

Mr. CLEMENT LUCAS seconded the vote in a few happy phrases, and it was carried by acclamation.

Dr. PYE-SMITH having briefly replied, the company proceeded to the quadrangle for tea and music, and visits to the Hospital and school.

The following is the list of successes:—

OPEN SCHOLARSHIPS IN ARTS.—Geoffery Dunderdale, Clifton College, £100. William Henry Catto, Royal College, Mauritius, £50. Marc Antoine Emile Duvivier, Royal College, Mauritius, *Certificate.*

OPEN SCHOLARSHIPS IN SCIENCE—Charles Albert Wood, Guy's Hospital, £150. Guy Fleetwood Haycraft, Guy's Hospital, £60. Hugh Braund Kent, The Northern Polytechnic, Certificate.

SCHOLARSHIP FOR UNIVERSITY STUDENTS.—Patrick Playfair Laidlaw, B.A., St. John's College, Cambridge, £50.

OPEN SCHOLARSHIPS IN DENTAL MECHANICS.—October, 1904, John Richard Doren Ditch, £20; May, 1905, William Francis Boxall, £20.

JUNIOR PROFICIENCY PRIZES—Harry Archibald Sanford, £20. Arthur Norman Leeming, £15. Vincent Townrow, £10. William Johnson, Certificate.

THE MICHAEL HARRIS PRIZE FOR ANATOMY.—Gilbert Francis Syms, £10.

THE WOOLDRIDGE MEMORIAL PRIZE FOR PHYSIOLOGY.—Harry Archibald Sanford, £10. Leonard Tilsley Baker, Certificate.

THE HILTON PRIZE FOR DISSECTIONS.—Edward Leslie Martyn Lobb, £5.

THE ARTHUR DURHAM PRIZES FOR DISSECTION.—First Year's Students.—Hugh Braund Kent, £5. George Dunlop Martin, Certificate. Senior Students.—Edward Leslie Martyn Lobb, £15. Harry Archibald Sanford, Certificate.

DENTAL PRIZES.—First Year's Students.—Harold Todd Reeve, £10. Frank Maurice Holborn, Certificate. Horace Edmund Marsh, Certificate. Second Year's Students (1904).—Arthur Alan Forty, James William Mawer, equal, £7 10s. each. Practical Dentistry Prize. Fritz Julian Messer, £10.

THE GOLDING-BIRD MEDAL AND SCHOLARSHIP IN BACTERIOLOGY.—Edwin Walter Routley, £20.

## Pass List.

### University of Oxford, June, 1905.

DEGREE OF M.CH.

Owen W. Richards.

SECOND M.B. EXAMINATIONS.

FORENSIC MEDICINE AND HYGIENE.—L. J. J. Orpen, C. J. Pinching.

PATHOLOGY.—O. G. F. Luhn, C. J. Pinching.

### University of Cambridge, June, 1905.

DEGREE OF M.D.

F. J. Lidderdale.

DEGREE OF B.C.

E. Lloyd.

### Second Conjoint Examination, July, 1905.

H. O. Brookhouse, H. W. Heasman, H. J. Janmahomed, A. R. Khalakdina, L. B. Moore, W. G. Pinching, C. E. Price, A. H. V. St. John, P. K. Taraporwala.

# Dental News.

WE have been supplied with the following particulars of a case, which came under the notice of Mr. Maggs some few weeks ago. The patient, a male, æt. 24, attended the hospital complaining of severe neuralgia, affecting the whole of the left side of his face. This state of affairs had existed for about six weeks—persisting in spite of the adoption of general treatment, such as quinine, etc. The pain was so intense that it prevented sleep.

A careful examination failed to reveal any caries in the mandible; in the upper jaw, however, two carious spots were detected, a superficial cavity in $\underline{|\ 7}$, and a minute cingulum cavity in $\underline{|\ 2}$. The patient was seen next day, the $\underline{|\ 7}$ was filled and the $\underline{|\ 2}$ (which was slightly periostitic) opened up. This latter was found to be extremely septic, a loose dressing was inserted, and the patient told to return in a week; at the expiration of this time it was found that the periostitis had disappeared, the patient had been entirely free from pain, his general health had improved, and he could sleep soundly. Finally the tooth was filled, since when there has been no recurrence of the trouble; it is perhaps worthy of note that there was no history of a blow or similar injury, such as might have caused death of the pulp or have given rise to the symptoms mentioned above.

We have been asked to obtain some operating hints concerning inlays, and have, therefore, with all due humility, worried several practitioners in the hope of obtaining original ideas on the subject. It seems, however, that no new word can be said beyond what we have already received from the lectures, etc., in the hospital course, except, perhaps, the views of one member of the profession, who affirms that well-made porcelain inlays might be used with advantage in ninety per cent. of the cases where gold is now used. He tells us that the dominant fault of the majority of inlay workers is that they fear to cut the cavities deep enough or the opposing walls to anything approaching parallel lines; for this reason the retaining grooves are necessarily small, insufficient and inefficient, the edge strength is a mere fraction of what it might be, and the patient probably returns in a month or so, minus inlay and temper, vociferously clamouring for the well-tried gold.

These views have met with the approval of certain gentlemen, to whom they have been submitted; the chief objection made by them to the more frequent use of inlays being that patients ask for gold and prefer it to the modest and inconspicuous porcelain. We have heard that there are sundry persons abroad who have had cavities drilled in sound (or even in artificial) teeth for the express purpose of having gold put therein, and, even beyond this, of diamonds and rubies being "set" in a gold filling, but we opine that there are few, very few, who desire their front teeth to blaze with more than Oriental like splendour, and we firmly believe that the majority of patients will eagerly prefer a well-made and well-matched inlay to a gold filling, in a prominent position, where the metal will gleam profusely every time the happy (?) owner speaks or smiles.

We are sure that the Dental School joins us in congratulating Mr. F. J. Messer on his obtaining the Operating Dental Prize.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Psychological Medicine.* By Maurice Craig, M.A., M.D. Cantab. pp. viii. and 449. (Messrs. J. & A. Churchill.) 12s. 6d. net.

This scholarly book, written by a member of the Guy's Staff, provides most interesting reading, and will be found very useful by the advanced student, though we fancy it will not be read by the examination candidate who considers he requires the rudiments of insanity in tabloid form. Mental diseases are discussed in a true scientific spirit, both with regard to their etiology and pathology—when such exists—and much recent work thereon is included. The tendency of writers on insanity is to produce a long string of symptoms which may occasion any particular disease, the most striking of which remains fixed in the student's mind, and are accordingly alone recognised; this our author has endeavoured to avoid by not including any cases, the description of which used to enliven Dr. Savage's inimitable lectures on Insanity, but in a book often crowd out more useful matter.

There are a series of capital plates illustrating various pathological brains and photomicrographs of different parts of the C.N.S. as they occur in various diseases, though Dr. Craig has determined not to publish photographs of typical facies, as they are so often absent and do not occur till late in the course of events, so that if the typical appearance be waited for, early diagnosis is lost, and with it all chance of early treatment—the importance of which the writer urges most strongly.

Treatment is very well described throughout the book on broad lines, and yet with a wealth of detail where necessary. A vigorous warning is uttered against the common practice of sending patients travelling about the world with a companion, as thereby the rest which is so necessary in the treatment of mental patients is rendered impossible. Much of the author's recent work on the blood pressure in mental cases is included as having important bearings on the pathology and treatment.

Several of the last chapters we especially draw attention to. Alcoholism and Morphinism are excellently described, and there is a very good chapter on Insomnia, with a discussion on the relative merits of different hypnotics, while the relations insanity bears to various physical diseases are very well described.

We congratulate Dr. Craig most heartily on a work of great merit, and also the publishers on the low price at which they have issued it.

*Methods of Morbid Histology and Clinical Pathology.* By I. Walker Hall, M.D., and G. Herxheimer, M.D. pp. xvi. and 290. (William Green & Sons.) 9s. net.

This work should prove a most invaluable laboratory handbook for all whose researches require the preparation of histological specimens by simple or advanced methods. In fact, it is a book we have long been looking forward to as fuller than the ordinary simple text-books: it embodies all the latest technique contained in the larger works, though published at a much smaller price. Written as it is by an Englishman and a German, it includes the teaching of both countries, though we are struck by the larger contribution of the latter nation, which is recognised in the dedication of the book to Carl Weigert.

The various processes are excellently described, and formalin pronounced to be the best fixing agent—a decision we thoroughly agree with. The chapter on Section Cutting is very good, and every form of microtome is mentioned, though the details of each instrument are wisely left to be learnt by practice. No mention is made of a simple expedient we have often found useful to prevent the section from curling up, viz., breathing on the razor. Many very useful tips are given—how to remove air bubbles from the mounting, how to dehydrate the waste alcohol, and what it means when immersion of the tissue in the xylol bottle produces a white cloud—all matters of great interest to the pathologist. We learn that a section *can* be prepared by the paraffin method in 2–3 hours, and that a hæmatoxylin solution improves on "ripening." The number of stains is legion, and some of their names are truly awesome, though we are surprised to see no mention of Picronigrosin—a stain with which we have produced excellent results. Cambridge teaching is followed by the recommendation of Van Gieson as the most useful general stain to follow hæmatoxylin.

We know no better investment than this book for the man who, intending to do pathological work, wishes to produce good results, and to know what tissue each stain stains.

*Diseases of the Anus and Rectum.* By D. H. Goodsall, F.R.C.S., and W. E. Miles, F.R.C.S. Part II., pp. xx and 271. (Longmans, Green & Co.). 6s. net.

The first part of this work was published in 1901, and was then reviewed in our columns—this part is written in the same style, and contains the result of many years' combined experience on the staffs of various special hospitals. The illustrations are from photographs, and of varying merit, some being especially good, and others blurred in essential details. Considerable stress is laid on the difference between the two varieties of rectal prolapse, as treatment is so different in the two cases—if mucous membrane is alone involved excision is always indicated, though the common practice of strapping the nates together in children with true rectal prolapse is not even mentioned.

Much space is devoted to infective ulceration of the rectum, with the various bacteriologists' reports, and emphasis is laid on diarrhœa supervening on a prolonged attack of constipation as *pathognomonic* of carcinoma recti—even in the pre-ulcerative stage. The authors recommend colostomy as the proper treatment of this form of malignant disease in all stages, and as a prelude to excision.

It seems a dangerous procedure to leave a plug of cotton wool, soaked in 20 per cent. cocaine, in the rectum for several hours, but an excellent bougie is described consisting of a thin linen cone filled with small shot.

*The Dental Annual and Directory, 1905.* Pages xxix. and 578. (Ballière, Tindall & Cox.) 7s. 6d. net.

In this work we find extracts from the chief dental journals of the day—extracts which should assuredly prove useful to the dental surgeon in so much that there is hardly a subject upon which one may desire enlightenment that is not treated of, or at least mentioned, with references given to the sources of information.

As can only be expected, in this type of book, one finds somewhat conflicting opinions expressed, but this should merely serve as an incentive to collect one's own data relating to subjects not yet fully exploited.

The pages on Anæsthetics and Anæsthesia are, in our opinion, the most interesting and instructive. We are, moreover, particularly pleased to find an authoritative statement of the fact that nitrous oxide is not by any means the easiest anæsthetic to administer properly.

In the preface mention is made of blank pages bound together at the end of the book—(in our copy these are conspicuous by their absence). These pages should be of great service, so that he who reads may write.

May we be permitted to mention that sentences appear better and healthier if they contain a verb?—unfortunately, during our perusal we met several that limp verbless among their luckier fellows.

Beyond this trivial matter, one can find no fault—in short, the book is well worth obtaining, as it gives information on many points which are still controversial, and which, moreover, are not treated of in any text-book that has come to our notice.

## Papers by Guy's Men.

Radium Bromide in the Treatment of Rodent Ulcer. By Sir Alan Reeve Manby, M.V.O., M.D.—*British Medical Journal*, July 1st, 1905.

The Recent Epidemic of Infantile Paralysis. By B. Burnett Ham, M.D., D.P.H. Camb.—*Australasian Medical Gazette*, for May, 1905.

# Sport.

## Cricket.

### GUY'S v. HAMPSTEAD.

Played at Hampstead, on Saturday, July 1st. We won this match by 9 wickets, Bookless and Barnett batting finely. Willan did a good piece of bowling in taking 7 wickets for 38 runs. Score:—

HAMPSTEAD.

| | |
|---|---|
| A. R. Trimen, c Bartlett, b Kahlenberg | 47 |
| F. W. Orr, c Davies, b Kahlenberg | 23 |
| B. E. A. Manson, c Tolhurst, b Kahlenberg | 21 |
| H. B. Hayman, b Willan | 8 |
| W. T. Danby, c Bartlett, b Willan | 15 |
| G. G. Dumbleton, b Willan | 0 |
| F. M. Farmiloe, c Simms, b Willan | 0 |
| E. L. Marsden, not out | 26 |
| J. C. Toller, st Wells, b Willan | 10 |
| F. W. Bason, c Simms, b Willan | 8 |
| S. S. Pawling, c Kahlenberg, b Willan | 0 |
| Extras | 17 |
| Total | 175 |

GUY'S.

| | |
|---|---|
| J. S. Bookless, c Dumbleton, b Bacon | 81 |
| E. Barnett, c Orr, b Manson | 69 |
| H. Simms, not out | 40 |
| A. P. Smith, st ——, b —— | 1 |
| F. Kahlenberg, not out | 0 |
| Extras | 11 |
| Total (for 3 wickets.) | 202 |

A. M. Tolhurst, R. Willan, E. Morgan, S. M. Wells, G. N. Bartlett and L. G. Davies did not bat.

### GUY'S v. GRAVESEND.

Played at Gravesend on Saturday, July 8th, and won by Guy's by 7 wickets. Barnett played a grand innings of 155, and Willan also batted well, making 71. Both teams were entertained to lunch by Dr. Bryden. Score:—

GRAVESEND.

| | |
|---|---|
| L. H. W. Troughton, b Kahlenberg | 3 |
| L. C. Troughton, c Bookless, b Bartlett | 2 |
| F. W. Boorman, b Kahlenberg | 12 |
| C. G. Robson, b Willan | 49 |
| S. F. Cooper, R.N., c Barnett, b Kahlenberg | 4 |
| B. Tabrum, c Barnett, b Tolhurst | 64 |
| F. H. Stevens, c Bartlett, b Morgan | 6 |
| H. Gramshaw, b Morgan | 0 |
| Dr. Bryden, c Smith, b Morgan | 27 |
| Ashdown, c Bookless, b Willan | 54 |
| G. McCanlis, not out | 18 |
| Extras | 6 |
| Total | 245 |

GUY'S.

| | |
|---|---|
| E. Barnett, c L. H. W. Troughton, b Stevens | 155 |
| A. M. Tolhurst, c Gramshaw, b McCanlis | 6 |
| R. Willan, b Gramshaw | 71 |
| P. Smith, c L. H. W. Troughton, b Gramshaw | 9 |
| E. Morgan, b Stevens | 15 |
| H. Simms, not out | 14 |
| W. E. Digby, c Tabrum, b Gramshaw | 7 |
| S. M. Wells, run out | 31 |
| Extras | 11 |
| Total for 7 wickets | 319 |

F. Kahlenberg, J. S. Bookless, G. N. Bartlett, did not bat.

### GUY'S II. v. OLD OLAVIANS.

Played at Honor Oak Park on Saturday, July 1st, ending in a draw, greatly in favour of Guy's. We batted first and made 194. Harvey, Ingram and Rivers all batted well. They made 75 for 7 wickets, Hicks taking all 7 wickets for 33 runs. Scores:—

GUY'S.

| | |
|---|---|
| W. S. Digby, run out | 21 |
| T. R. Harvey, c&b Krauss | 53 |
| W. T. Clarke, b Krauss | 0 |
| S. McK. Saunders, b Sutherland | 15 |
| M. M. Munden, c Grant, b Sutherland | 0 |
| H. G. Gibson, b Sutherland | 0 |
| J. T. Hicks, b Sutherland | 7 |
| H. Munden, c Krauss, b Wilson | 2 |
| W. Ingram, c Lowe, b Powell | 62 |
| A. T. Rivers, not out | 31 |
| R. Ponder, b Powell | 0 |
| Extras | 13 |
| Total | 194 |

OLD OLAVIANS.

| | |
|---|---|
| Owen, c Munden, b Hicks | 14 |
| Wilson, not out | 27 |
| Powell, b Hicks | 11 |
| Wilson, c Munden, b Hicks | 16 |
| Lowe, b Hicks | 0 |
| Grant, b Hicks | 2 |
| Burton, b Hicks | 0 |
| Polley b Hicks | 0 |
| Extras | 7 |
| Total (for 7 wickets) | 75 |

Krauss, Sutherland and Barton did not bat.

### GUY'S II. v. NORWOOD "A."

Played at Norwood on Wednesday, July 5th, ending in a win for Guy's by 1 run and 3 wickets. They batted first and made 195 for 9 wickets. Beaton and Irving both played good innings, They left us one hundred minutes to make 196 runs to win. After very hard running we managed to make them on the minute of time with 7 wickets down, thanks to good knocks by Whelon (74), M. Munden (21), Hicks (26), and Pickett (30).

NORWOOD.

| | |
|---|---|
| A. C. Beaton, b Digby | 85 |
| G. Gellespie, b Digby | 0 |
| A. C. Remnant, b Digby | 4 |
| B. Bachelor, b Morris | 17 |

| | |
|---|---|
| R. W. Irving, c Harvey, b Hicks | 48 |
| P. G. With, c Reynolds, b Hicks | 0 |
| W. E. Bachelor, b Digby | 0 |
| G. H. Phillips, not out | 4 |
| H. E. Spence, c Munden, b Hicks | 16 |
| — Gibson, not out | 9 |
| K. S. With, run out | 0 |
| Extras | 12 |
| Total (for 9 wickets) | 195* |

*Innings declared closed.

GUY'S.

| | |
|---|---|
| C. E. Whelon, c Irving, b Bachelor | 74 |
| T. R. Harvey, b Bachelor | 2 |
| W. S. Digby, b Bachelor | 11 |
| M. M. Munden, lbw, b Bachelor | 21 |
| A. H. Pickett, run out | 30 |
| W. Ingram, b Bachelor | 4 |
| J. T. Hicks, not out | 26 |
| C. G. Morris, b Gillespie | 1 |
| H. Munden, not out | 9 |
| Extras | 18 |
| Total ( for 7 wickets) | 196 |

D. Reynolds and R. S. Bennett did not bat.

## GUY'S II. v. ST. BART.'S II.

JUNIOR CUP TIE.—FINAL.

Played at Winchmore Hill on Wednesday, July 11th. Guy's had to turn out with a team weakened by the absence of Whelon and Digby, who were playing in a Senior Cup Tie. Bart.'s batted first on a softish wicket. Davies bowled Kendrew with his first ball, and de Broeq soon followed, two wickets being down for 2 runs. But this good luck did not last, as Keats and Symes both made good scores, and they finally put up a total of 241. We started badly, having one down for 6, but Harvey and Ticehurst managed to bring the score to 132 for 5 wickets, when Harvey was clean bowled for a useful 61, after which we fell to pieces and only made 176. Davies and Ticehurst both batted well, and each took 5 wickets. Horner took 7 wickets for 38 runs for St. Bart.'s. Scores:—

ST. BART.'S

| | |
|---|---|
| A. I. Kendrew, b Davies | 0 |
| C. V. de Broeq, b Ticehurst | 1 |
| L. L. Phillips, b Davies | 23 |
| B. Keats, b Ticehurst | 67 |
| H. W. Cunningham, b Davies | 0 |
| A. J. Symes, c Ingram, b Ticehurst | 50 |
| H. Rammington, b Ticehurst | 1 |
| L. P. R. Way, b Davies | 28 |
| G. R. Lynn, b Ticehurst | 3 |
| J. R. Renshaw, b Davies | 12 |
| N. G. Horner, not out | 11 |
| Extras | 46 |
| Total | 242 |

GUY'S.

| | |
|---|---|
| H. Archer, b Horner | 19 |
| P. C. Litchfield, b Cunningham | 3 |
| W. Ingram, b Keats | 22 |
| T. R. Harvey, b Horner | 61 |
| M. M. Munden, lbw, b Horner | 8 |
| C. B. Ticehurst, b Horner | 23 |
| H. G. Gibson, run out | 0 |
| D. Reynolds, b Horner | 0 |
| L. G. Davies, not out | 31 |
| H. Munden, b Horner | 0 |
| W. T. Clarke, b Horner | 3 |
| Extras | 8 |
| Total | 178 |

The progress of the Inter-Hospital Cup Ties is during the present season producing an amount of friction between the rival hospitals of more than usual proportions.

This has been brought about by the objection that the London Hospital have taken to our playing Morgan and Tolhurst, the objection being based on the fact that both of these players are out of their year for football.

Now the rule of the Inter-Hospital Cricket Club says definitely that a student is eligible to play for his hospital for five years after the payment of fees as a full student, and in consequence of this rule men in their "Pre-Sci." year were considered ineligible to play in cup ties.

However, in the year 1901 a general meeting of representatives from the different hospitals was held to consider the advisability of playing men in their "Pre.-Sci." year, at which meeting the other hospitals confessed to having made a practice of so doing previously to the year in question.

The result of this meeting was that Morgan, then doing "Pre.-Sci.," played in the cup ties of 1901, paid his full fees in October, 1901, and, in consequence, is in his year at the present time.

Tolhurst's case is identical with Morgan's with regard to the time of payment of full fees, namely, October, 1901.

Tolhurst, however, did not play in a cup tie until 1902.

# Boxing and Fencing Display

IN AID OF THE MILLION SHILLING FUND.

A Boxing and Fencing Display in aid of the Million Shilling Fund was held in the Physiological Theatre on Thursday, July 13th, at 8 p.m., Mr. Higgens, F.R.C.S., occupying the chair.

Mr. R. K. Gunn kindly officiated as timekeeper, while Messrs. E. H. B. Milsom, E. Morgan, M. E. Ball and T. E. Carr, together with Mr. E. P. Minett, acted as stewards. The order of the programme, which we publish below, was not strictly adhered to throughout, but practically all who had promised to attend performed. The party of the 1st Life Guards were unavoidably prevented from being present, but the gap was filled by the City Imperial Yeomanry, who kindly consented to give a second display. Our best thanks are due to all

who came to help us and provided so enjoyable an entertainment. The boxing especially was of the very highest class, and was closely followed by a large and critical audience. We append the programme:—

BOXING.—P. Harper (St. Thomas' B.C.) v. C. H. Marshall (Guy's B.C.); A. Mayne (17th Middlesex School of Arms) v. L. Plumbley (17th Middlesex School of Arms); A. B. Baker v. H. Lilley (Professional).

SINGLE STICKS.—A. A. Sutcliffe (St. Thomas') v. G. F. Haycroft (Guy's).

FOILS.—G. E. Wavell (Mons. Felix Graré School of Arms) v. E. D'Ettinger (Metropolitan School of Arms).

BOXING.—S. Martin (Charterhouse A.C.) v. J. Pryor (winner Eton Mission 10st Competition); W. Webb (17th Middlesex, Bantam Weight Champion, 1905) v. J. Jackson (17th Middlesex School of Arms); E. Barnett (Guy's and Cestus B.C., Inter-Hosp. Light Weight Champion, 1905) v. M. J. Marks (Guy's B.C., Inter-Hosp. Feather Weight Champion, 1905).

SWORD DISPLAY, CITY IMPERIAL YEOMANRY.—R. S. M. Malins, S. S. M. Mogford and Mortiboy.

BOXING.—C. Higgens, Esq., F.R.C.S., v. Prof. Jim Brock; J. Hoare (Orion Gym., Middle Weight Champion) v. O. V. Coster (Orion Gym.); A. Moss (Lynn B.C., German Gym. Bantam Weight, 1905) v. F. Watson (Lynn B.C., Goldsmiths' Institute Bantam Weight, 1905); R. C. Warnes (Lynn B.C., Middle Weight Amateur Champion, 1899, 1901, 1903) v. E. Mann (Lynn B.C., Middle Weight Amateur Champion, 1900–2–4.)

SABRES.—C. A. Minett (Metropolitan School of Arms) v. W. Weightman (Army Champion).

SWORD EXERCISE BY 1ST LIFE GUARDS.

BOXING.—A. J. Miner (Lynn B.C., Bantam Weight Amateur Champion, 1902) v. H. Perry (Lynn B.C., Bantam Weight Champion, 1903–4); M. Wells (Lynn B.C., Light Weight Amateur Champion, 1904–5) v. A. Chalmers (Lynn B.C., Light Weight German Gym., 1903; F. E. King (Lynn and Cestus B.C., Middle Weight Polytechnic Champion, 1903) v. E. P. Minett (Lynn and Guy's B.C.) or E. A. Fearman (Lynn B.C., Cestus Light Weight Champion, 1905).

CLUB SOLO.—Sergt. Gilbert.

RESERVE EVENTS.

BOXING.—M. M. Adams (Guy's) v. C. C. Freer (Guy's).

FENCING (Foils).—G. E. Wavell v. G. F. Haycraft.

## From the Gazette's Special Pathologist.

H.I.R.—The liver from this specimen shows much capillary congestion, but no other particular change. The kidney has a much thickened capsule and some overgrowth of connective tissue in parts. There is no sign of lardaceous disease in either organ. The epithelium of the renal tubules is badly preserved in places, but there is no acute disease of the kidney.

J. E., AMMONOL.—This kidney appears to be the seat of a chronic interstitial nephritis. The capsule is greatly thickened, and there is considerable overgrowth of connective tissue throughout, resulting in the formation of a retention cyst here and there, and degeneration of some of the glomeruli.

PATHOLOGIST.

## Appointments.

### Dental Appointments.

The following appointments have been made by the Treasurer on the recommendation of the Dental Council:—

*House Surgeons.*—Messrs. J. Bramley Ball, A. Alan Forty.

*Assistant House Surgeons.*—Messrs. J. A. Bowes, J. McBride.

*Demonstrators.*—Messrs. C. Weller, C. E. Lloyd, S. G. Elliott.

### Civil.

RICHMOND, G. E., M.D., B.S., B.Sc. Lond., D.P.H. Cantab., has been appointed by the London County Council Resident Medical Officer to the Rotherhithe Tunnel Works.

### Naval and Military.

Fleet Surgeon C. M. BEADNELL, R.N., has been appointed to the *New Zealand*.

Surgeon-Major E. T. CROUCH, Army Medical Reserve of Officers, to be Surgeon-Lieutenant-Colonel.

### Births.

CAMPS.—On June 28th, at Udney Park, Teddington, the wife of Percy W. L. Camps, M.B., B.S. Lond., F.R.C.S. Eng., of a son.

PALMER.—On July 2nd, at 241, High Road, Lee, the wife of Frank Palmer, L.D.S. Eng., of a son.

PEMBREY.—On June 16th, at Mount Pleasant, Scrase's Hill, Hayward's Heath, the wife of M. S. Pembrey, M.D., of a daughter.

### Marriages.

GOSS—LEWIS.—On July 5th, at St. Mary's, Bromley, Kent, by the Rev. A. G. Jones, Vicar of Yarkhill, Hereford (uncle of the bridegroom), John, only son of Mrs. Goss, Penarth, and of the late Rev. John Goss, Vicar of St. John Baptist, and Custos of the College, Hereford, and grandson of the late Sir John Goss, to Mary Edith, eldest daughter of Captain A. T. Lewis, R.E., and Mrs. Lewis, of Catford.

STEVENS—MARRINER.—On June 29th, at the Presbyterian Church, Willesden, John Stevens, L.D.S. Eng., eldest son of John Stevens, Esq., of 38, Craven Park Road, Harlesden, to Edith Maude Marriner, eldest daughter of Henry Marriner, Esq., of 9, Greenhill, Harlesden.

### Death.

ALDER.—On June 19th, at Monkwearmouth, William Alder, L.S.A., aged 39.

EDS.—F. W. M.-P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 448.] JULY 29, 1905. [SIXPENCE.

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## Passim.

THIS evening at St. George's Hall, Langham Place, W., at 8 p.m., takes place the Concert and Theatrical Performance which has been organised in aid of the Million Shilling Fund. We can only reiterate our thanks to all those concerned in the production, and our hope that the attendance will be as large as possible. In Sydney Grundy's comedy, "The Snowball," two of the male parts have been taken, at short notice, by Guy's men, but for the rest of the caste and for the concert we are entirely indebted to the kindness of our friends from outside. At the concert both M. Julius du Mont and Mr. Richard Nitischke have kindly consented to appear. The following is the caste of the comedy :—

| | |
|---|---|
| Felix Featherstone ... | Mr. REGINALD HARGREAVES. |
| Uncle John ... ... | Mr. C. H. RIPPMANN. |
| Harry Prendergast ... | Mr. G. WINTER DRYLAND. |
| Saunders ... .. | Mr. REGINALD MASTERS. |
| Mrs. Featherstone ... | Miss F. L. MACFARLANE. |
| Ethel Granger ... | Mrs. CROSSKEY. |
| Penelope ... ... | Miss STUART. |

Mrs. Masters has been good enough to provide refreshments. Finally, by the kindness of the Matron, several Guy's nurses will be present, and by selling programmes in cap and apron, will fittingly attest the purpose of the evening.

We regret that a whole month must elapse before we have an opportunity of putting on record the success of the evening's entertainment. There will be no issue of the GAZETTE on August 12th.

WE have great pleasure in announcing that the receipts from the display of boxing and fencing, organised by Mr. E. P. Minett, realised no less than £25. This sum, with a trifling deduction for unavoidable expenses, will, therefore, be handed over to the Million Shilling Fund.

SINCE our last issue there has been little to chronicle, and we are now, without doubt, in the dulness of vacation. The hospital year reached its close in the festivities of Prize-giving Day—for many of us a rather meaningless ceremony. With a great clapping of hands and much mutual congratulation we break ranks and go into a kind of undress uniform, therein to work twice as hard as we did before, only to find that on the first of October, with more clapping of hands, we must toe the line for parade again. The year that has passed has been eventful in more ways than one. Perhaps the changes which have affected many of us most personally are the alterations which have been carried out in the system of "Take in"

in the Medical Wards, and the appointment of a Resident Surgical Officer. A year ago many wise heads were shaken in doubt over these changes, and there was much prophecy of trouble and disaster; but a year has shown that the new scheme has advantages which we could not foresee, and that the old had disadvantages which we had grown accustomed to disregard. We have no statistics to hand, but the changes must have resulted in a quite remarkable increase in the number of in-patients treated.

IN our last issue we complained of the lamentable slackness which had lost us the Shooting Cup at Bisley, when it seemed easily within our grasp, and we publish to-day two letters which seem, directly or indirectly, to bear upon the point. In looking over the July numbers of the magazines of most of the other London Hospitals, we are surprised to find that this complaint of slackness in athletics seems pretty general. Not only do several Editors feel called upon to administer reproof and to appeal for amendment, but in the *St. Mary's Hospital Gazette* there is a special "Editorial" devoted to the subject. There is something of irony in the fact that almost the only grain of comfort and consolation which St. Mary's can extract from the contemplation of this year's Inter-Hospital Athletic Record, is to be found in their victory in the United Hospitals' Competition at Bisley—the subject of our complaint. It is a state of matters which may very well stir up unpleasant reflection. One argument against the proposed amalgamation of the individual schools of medicine for the teaching of the preliminary subjects, is that thereby all inter-hospital competitions would lose their zest and rivalry; that, without the bond of union which such competitions supply, it would be impossible for each hospital to keep apart—a complete unit, an alma mater, full of its own individual tradition and sentiment. If, as seems to be a general opinion, there is in these competitions neither zest nor rivalry, it is an argument which is not very convincing.

ARRANGEMENTS are now far advanced for the Annual House Dinner of the Students' Club, to be held, as usual, early in October. At one time this, the inaugural dinner of the hospital year, was an invariable success, and the numbers were only limited by the accommodation of the College Hall. Of late years there has been a great falling off, which is only partly to be accounted for by the fact that the Physical Society have lately been in the habit of holding their initial meeting during the same week. Such clashing of dates is unfortunate, though apparently unavoidable. The absence of the junior students, which has been especially noticeable, may be accounted for by the fact that the dinner takes place on or near October 1st, the day on which the vacation closes officially, and we know that it is often difficult, in holiday time, to avoid getting out of touch with hospital arrangements and the hospital programme. We take this opportunity of reminding all prospective holiday makers of the advisability of a prompt return on October 1st, which will enable them to be present at the dinner. The dinner is the House Dinner of the Students' Club, and members of the club are not present as guests, but have, for the evening, the responsibility of hosts.

WE regret to have to announce the retirement of Mr. W. A. Brailey from the post of Ophthalmic Surgeon to the hospital. Mr. Brailey will be a great loss to us in many ways. As a lecturer he has been deservedly popular, while his interest in all matters athletic, and in the welfare of the Cricket Club especially, is well known. Dr. H. L. Eason, the Dean of the Medical School and Warden of the College, has been appointed Assistant Ophthalmic Surgeon in his place.

WE congratulate the cricket teams very heartily on their success in the Inter-hospital Cup Ties. Their match in the final against St. Bartholomew's was won, in no half-hearted fashion, by 9 wickets. For their total of 194 Guy's were mainly indebted to E. Barnett, who, on a bumpy wicket, played a magnificent innings of 112. The bowling of Riches, Kahlenberg and Tolhurst was too good for our opponents. We publish, in another place, the batting and bowling averages for the season. In 12 innings

Barnett has averaged over 55, while Riches, in addition to averaging over 46 with the bat, has taken 27 wickets at an average cost of 11.6 runs apiece. The team, which has every reason to congratulate itself on a successful season, dined with the Residents on Monday evening, July 24th.

Now that the New Museums are complete and in working order nothing is left but the work of demolishing the old. There remains, however, the question of the disposal of the numerous medallions and tablets to our famous dead which hang upon its walls. John Keats alone has still no memorial. It would be fitting, and to some of us a little comforting, that among the monuments of those who have known success there should be some memorial of one who failed, "from an overwrought apprehension of doing harm." It is an omission that should soon be rectified. It may very well be left to the medical profession to look to the tombs of its own ancestors and to canonize its own saints, but the name of John Keats makes a wider and more authoritative appeal. Of Keats' connection with Guy's too little is known, yet a great part of his short life was spent there. The wonder is not that he abandoned the profession without taking any qualification, but that a man of his temperament should have persisted so long. For eighteen months he acted as dresser to Sir Astley Cooper, at that time a responsible post, long before anæsthetics and antiseptics had relieved surgery of all its horror. Keats was a diligent student too. "There remain," says Lord Houghton, "careful annotations of the lectures he attended." How many of us nowadays can boast of such "careful annotations?" Keats' note book, if only in facsimile, would make a notable addition to the case of antiquities in the New Museum.

We have received notice of the International Congress on Tuberculosis, which meets at Paris between October 2nd and October 7th of this year, under the patronage of President Loubet. At the request of the authorities of the Congress an executive committee has been formed in this country under the auspices of the National Association for the Prevention of Consumption and other forms of Tuberculosis, to co-operate with the French and secure support. The subscription for Titulary Members of the Congress is 25 francs, payable to M. Pierre Masson, 21, Rue de l'Ecole de Médicine, Paris. Titulary members alone take part in the discussions and votes, they alone are entitled to make communications and to speak at the meetings.

We congratulate Mr. Louisson on his appointment as Ophthalmic House Surgeon in succession to Mr. A. R. Brailey, and Messrs. Webber and Wood on their appointment to the Charity.

In hot weather our sympathies go out to the out-patient officers on duty at the Back. In the summer the minor maladies of the Boro' multiply exceedingly, and the crowds in attendance on those long-suffering officials become enormous. Early and late can be heard the sound of their percussion, their pertinent questions and wise advice, in the small dimly-lighted recess in which they still have their dwelling. It is an old complaint, and no doubt the powers that be have improvements in prospect. The Front Surgery is now a very pleasant place, in which a sick man may spend a summer's afternoon, cool and green and fresh, with an occasional palm to afford a grateful shade, but the Back remains the Back, hot, close and oppressive.

Not all examiners have bad manners, and not all candidates are deprived on these solemn occasions of their native humour. It is told of one affable examiner recently, that for full five minutes he spoke of matters of general interest, and of the heat of the weather in particular, to a smiling and assenting candidate. Both were agreed that the temperature was unusually high, so much so that in a little the examiner made bold to ask the symptoms of insolation. "Come," said the disappointed candidate, in great disgust, "that's medicine."

# Transfusion.

LECTURE BY DR. A. P. BEDDARD.
July 5th, 1905.

GENTLEMEN,—We all see the great good which may be done by transfusion, but everyone is not aware that it may be by no means a harmless procedure. It is from this last point of view especially that I want to deal with it to-day. We shall consider the three following points: (1) the cases which are suitable for transfusion, (2) the materials which may be injected, and (3) the methods of introducing the fluid.

Firstly, then, what broadly are the cases which may be benefited by transfusion? They fall into two groups, namely, (1) cases of collapse, and (2) certain toxæmias, such as diabetic coma, uræmia, and cholæmia. It is necessary to consider these two groups separately. Collapse is the term applied to the condition whose symptoms are due to loss of fluid from the vascular system. Severe hæmorrhage is the most obvious cause. But, with the exception of great loss of blood at a surgical operation, collapse due to hæmorrhage cannot generally be treated by transfusion. For, it is not wise to transfuse until the bleeding point has been secured. Much the most frequent cause of collapse is loss of salts and water from the vascular system as opposed to loss of blood as a whole.

At this time of year, when the diarrhœa and vomiting season is in full swing, you have only to walk into the front surgery to see plenty of cases of collapse due to loss of fluid from the alimentary canal, which is not being made good to the body. In order to produce collapse it is not necessary for the fluid to leave the body, provided only that it leaves the vascular system. Thus, whenever tissues are inflamed or damaged, fluid is poured into them from the vascular system, and this fluid is no longer in circulation. For instance, in extensive burns, peritonitis, etc., pints of fluid may be transferred from the blood to the damaged tissues, and unless this fluid is made good to the vascular system collapse is certain to set in. We can recognise three stages in collapse. In the first stage the patient looks all right, his pulse and blood pressure are good. He may be losing fluid rapidly into a damaged peritoneum, for instance; but as fast as fluid leaves the vascular system it is made good to the blood by the vascular system taking up fluid from the muscles, etc., which constitute a great reservoir of fluid in the body. In the second stage the pulse and blood pressure still remain good, but there is an obvious clinical change in the patient, his features become shrunken and his skin slack. This shows that the drain of fluid into the peritoneum is still going on and that the reservoir is running dry. Patients will continue for hours in this condition untreated, then they become suddenly worse, and die before anything can be done for them. In fact, their vasomotor centre is tired out and has suddenly struck work. This centre, during the second stage, has by great exertions kept up a moderate blood pressure in spite of the deficit of fluid in the vascular centre, but when the centre has become tired out the blood pressure rapidly falls and death from collapse takes place. Whenever you see a patient with shrunken features due to loss of fluid you know that he is within measurable distance of death from collapse at any rate, and whatever other treatment he may require, at least he needs transfusion.

In the case of the toxæmias already mentioned there has been no loss of fluid from the vascular system, but transfusion is performed with the object of diluting or neutralising a poison circulating in the blood. We shall come back to these cases when considering the method of transfusion and the material to be injected.

We have briefly dealt with the conditions which may be benefited by transfusion, and we will now consider for a moment the important condition of shock, for which transfusion is a useless method of treatment. The terms shock and collapse are frequently used as if they were synonymous, but they are not. They denote two conditions which resemble each other clinically to some extent, but differ wholly both in their cause and the treatment they require. Shock, like collapse, is associated with a rapid feeble pulse and subnormal temperature, but the blood pressure is low from the beginning,

and as the patient in shock loses no fluid from his vascular system, his features do not become shrunken. Shock is due essentially to partial inhibition or paresis of the vasomotor centre, which is caused by an excess of afferent impulses reaching the centre. The impulses may start in the brain or the body generally. But mental shock produces a much less acute and severe disturbance of the vascular system, and does not necessitate the same immediate treatment which cases of bodily injury may demand. It is not difficult to picture the vascular condition of a patient whose peripheral resistance, especially in the splanchnic areas, has been reduced by partial inhibition of the vasomotor centre. The blood pressure falls considerably, because, as everyone knows, no increased action of the heart can make good the fall of blood pressure due to loss of peripheral resistance, and hence the futility of treating shock by cardiac stimulants. The blood which ought to be in the arteries runs round through the open peripheral resistance and stagnates in the splanchnic veins, and there is no adequate mechanism for emptying the blood in these veins back into the arteries. It is this stagnation of blood in the splanchnic veins which has to be treated, and the question is how. Transfusion is shown, both by theory and experiment, to be useless treatment, for the obvious reason that it does not treat the condition. The transfused fluid, like the blood already in circulation, runs round and stagnates in the splanchnic veins. A patient in shock is suffering, not from there being too little fluid in his vascular system as a whole, but to his blood being improperly distributed. Therefore the treatment of shock is to rearrange the blood distribution, in other words, to get the blood out of the splanchnic veins into the arteries and then to keep a proper proportion there. In order to empty the splanchnic veins it is necessary only to compress the abdomen digitally and keep the pressure up by pad and bandage. If this is done carefully, remembering, of course, that in emptying the abdominal veins we are driving blood into the right side of the heart, the blood cannot run round and stagnate in the abdominal veins, for it would occupy space in the abdomen, and such space is no longer available. In the second place it is obvious that in shock you must treat the fundamental defect—the absence of peripheral resistance. And with this object there are certain things not to do, and the most important of these is not to give strychnine. The injection of a large dose of strychnine will raise the blood pressure even in profound shock, but the rise is of short duration, and the subsequent fall reaches a level lower than before the injection. It is easy to see why this happens. Strychnine acts, not upon the peripheral arteries, but upon the vasomotor centre. A large dose will stir up even an exhausted centre to give another kick, but after the stimulation is over the centre is even more exhausted than before and the blood pressure lower. Nobody, I imagine, at this time of day would dream of using alcohol or ether as a treatment of shock. It is clear that only a drug which raised the blood pressure by acting upon the peripheral arteries could be of value, and in adrenalin we possess such a drug. I need scarcely remind you that adrenalin given by the mouth to patients other than those suffering from Addison's disease does not raise the blood pressure. It must therefore be given subcutaneously or intravenously. It is a good rule never to give a drug intravenously if it can be introduced as well in any other way. Adrenalin given subcutaneously in appropriate doses produces temporary glycosuria, but is otherwise harmless. A safe dose for an adult is from 20 to 30 $\mathfrak{m}$ of a 1 in 1000 solution, or, of course, a corresponding dose of any similar preparation. Its effect upon the blood pressure comes on within a very few minutes, and has gone in about an hour, therefore the injection has to be repeated about every hour until the shock has passed off. Given intravenously the effect of adrenalin is instantaneous, and it does not last more than ten minutes, therefore it is necessary to infuse continuously a weak solution, such as 1 in 20,000. In passing, it may be pointed out that there is such a thing as preventative treatment of shock by seeing that patients are properly under the anæsthetic before the operation begins, or by giving an injection of morphia soon after a severe bodily injury.

The next point we have to deal with is the material to be used for transfusion. Any solution to be used for this purpose must have the following two properties:—(1) It should be of such a strength as to be approximately isotonic with human blood plasma, and (2) the solution must be more or less non-toxic or physiologically indifferent to the body. The matter of strength is easily arranged, but the second point is much more difficult. In order to get a solution of the required osmotic pressure it is necessary to use a solution of a crystalloid, and these, as you know, may be divided into electrolytes and non-electrolytes. Of the non-conductors, dextrose is eminently suitable for transfusion; it is a normal constituent of the blood, and sufficiently non-poisonous to be injected in large quantities. A 5·8 per cent. solution of dextrose in distilled water is theoretically isotonic with human blood plasma. As a matter of fact, what one buys as pure dextrose contains a small percentage of dextrin, which gives the solution a slightly opalescent appearance. The presence of dextrin is immaterial, and in practice a 6 per cent. solution of so-called pure dextrose may be used. Electrolytes such as salts, on the other hand, are a very different story. Their solutions contain ions, that is electrically-charged particles, which endow these solutions with powerful physiological actions in addition to the purely chemical action of the salt in question. You cannot, therefore, treat a solution of salts as if it were physiologically indifferent to the body in the way that a solution of dextrose is. You know from your physiology that sodium and potassium salts may be poisonous, and that their toxic action is to some extent neutralised by calcium. Ringer's solution, as used by physiologists, is an attempt to compound a solution of various salts which shall neutralise each other's toxic actions, and so be indifferent to the body. There can be little doubt that such a solution of crystalloids is the right one to use if salts are used for transfusion. The trouble of making it is prohibitive; there are many ready-made tablets of mixtures of salts on the market, but none, so far as I know, which exactly correspond to Ringer's solution. The solution most frequently used in this hospital is one of sodium chloride in tap water. The strength should be ʒiss. to 1 pint, and not ʒi. to the pint, as stated in the hospital pharmacopœia. Such a solution is far from being non-toxic, and if you keep your eyes open you will see plenty of cases of poisoning by it. What are the symptoms of poisoning by sodium chloride, or, in fact, by any sodium salt? They are stimulation of the nerves and muscles from slight twitchings up to severe convulsions, pyrexia up to hyperpyrexia, rigors, feeble rapid pulse. I do not mean to suggest for a moment that this solution is too poisonous ever to use, but I wish to emphasise the fact that the solution is poisonous, and much more so than a solution of dextrose. I further want to point out to you that certain cases are much more liable to poisoning by sodium chloride than others. All the serious cases of sodium chloride poisoning which I have seen have been cases of uræmia, diabetic, coma, or cholæmia, and it is easy to understand why. In these toxæmias the patient has lost no salts from his vascular system; he has all he ought to have, and you by treatment make a considerable addition to this amount Therefore he is comparatively easily poisoned. But in cases of collapse, such as peritonitis, diarrhœa and vomiting, etc., the patient, besides water, has lost large quantities of salts as well, and therefore you would have to inject very large quantities of sodium chloride to poison him severely.

Another substance used for a particular case is sodium bicarbonate. The special case is diabetic coma, and the object is to neutralise the acid intoxication by the alkali as well as to dilute the poison in the blood. The strength to use is ʒiv. to a pint. But, and it is a large "but," you have to remember that sodium bicarbonate is much more poisonous than the chloride, that in most cases you have no means of measuring the degree of acid intoxication, in other words, the dose of the bicarbonate necessary to neutralise it, and that any bicarbonate in the circulation beyond this dose will exert its poisonous effect. There has recently been a case of bicarbonate poisoning in the wards.

The girl, within a few hours of the onset of diabetic coma, received ʒxv. of bicarbonate intravenously, besides, I believe, some by the alimentary canal. Two hours later her temperature rose from subnormal to 107°. She received more bicarbonate subcutaneously, and three hours later, and within half an hour of her death, her temperature was 109·5°.

The last point I shall deal with is the method of transfusing, and I shall confine my remarks to the question of the choice of route by which fluid is to be introduced. The three possibilities are, a vein, the skin and the bowel. The alimentary canal is often impossible for obvious reasons; there can be little doubt that fluid is absorbed from the subcutaneous tissues with considerable rapidity, provided that the circulation is moderately good. The vein is the most certain and rapid way of getting fluid into circulation, but it undoubtedly has disadvantages and dangers. The choice of route in any given case depends upon two considerations: (1) the nature of the case to be treated, and (2) the kind of solution to be used; for all solutions cannot be given by any or all of the three routes. If you adopt the attitude of not putting anything direct into a vein unless you are driven to do it, then the only thing which will drive you to transfuse a patient intravenously is the extreme urgency of the case, that is, the necessity of getting fluid into the circulation with the least possible delay. Cases of such urgency are of considerable rarity; they are cases either of severe hæmorrhage or of other less urgent conditions, in which the circulation has already become so bad that it is doubtful whether fluid would be absorbed from the subcutaneous tissues or alimentary canal. In all other cases transfusion by the subcutaneous or alimentary route is certainly preferable, and for these reasons. Intravenous transfusion is open to real dangers, which do not exist in the other cases; they are as follows: (*a*) It is much more serious if the solution is not of the right strength; (*b*) If there is any danger of the solution causing toxic symptoms in the dose which it is deemed necessary to give, then the intravenous method is much the most dangerous. And for this reason it is always preferable to use a dextrose than any salt solution when intravenous transfusion has to be performed. (*c*) There is a very real danger of over-distending the right heart. I have certainly seen cases where intravenous transfusion has caused death in this way. It is difficult to say at what rate fluid can be run into a vein without this danger to the heart. Modern methods have shown that the in-take of the human heart in each diastole is very much less than was previously supposed. The most likely figure is 60 c.c., or a little over two ounces. That an apparently small difference in the blood-flow along the veins may make a great difference to the right heart is clearly shown by venesection. Here in the course of several minutes we abstract at most a pint of blood from the arm and produce a very real effect upon the condition of the right ventricle. Conversely, it is easy to understand that the injection of fluid into a vein may be serious to the heart. There can be no doubt that the more slowly the fluid is run in the better, and as a maximal rate I would suggest a pint in ten minutes. The rate may appear to err greatly on the side of safety, but I do not think it does. It is necessary to remember that often when intravenous transfusion is used the right heart is far from normal, and it is just in uræmic convulsions that I have seen the worst results to the heart. From what has been said as to the limited application of intravenous and alimentary transfusion, it follows that the best route in the vast majority of cases is the subcutaneous one, and in some cases it is the only one. For instance, in cases of acute gastro-enteritis in children the bowel is useless for transfusion, and no one who has once been foolish enough to try to transfuse a young child intravenously would be likely to repeat the attempt. Subcutaneous transfusion may be performed in two ways—either continuously or intermittently. Personally I do not see that the continuous method possesses a single advantage to outweigh the disadvantage it certainly possesses—namely, liability to sepsis. It is one thing to inject fluid under the skin at intervals, and quite another to keep a passage between the

skin and subcutaneous tissues open continuously for many hours. It may be said with truth that many instances of continuous transfusion show no sepsis, and that it would not matter very much if they did. But, on the other hand, it must be admitted that continuous transfusion of diabetics frequently leads to suppuration, and if it does it will take you all your time to stamp it out. And again, in uræmic patients, at any rate, it is of supreme importance that suppuration, however slight, should not take place. Liability to sepsis is also shared by any patient whose vitality is very low, and this is certainly true of many cases which need transfusion.

I have still to say a word about the choice of route as determined by the solution to be used. A solution of dextrose is not suitable for any but intravenous injection. Large quantities given by the bowel may set up diarrhœa, and when injected by the skin they may lead to sloughing. But for intravenous transfusion for uræmia and for loss of fluid from the vascular system, it is the best solution to use. A solution of sodium chloride in tap water may be given in any of the three ways. The objections to its use intravenously have already been discussed. It is the best solution to use for subcutaneous or rectal transfusion. A solution of sodium bicarbonate should not be given subcutaneously, because of its liability to produce sloughing. In most cases of diabetic coma there is plenty of time to give alkali by the mouth or rectum. Strong solutions may be used; thus, ʒvi. in ʒvi. of milk or water may be introduced several times a day into the stomach or rectum. If you wish to give it intravenously, give a pint of fluid containing ʒiv. sodium bicarbonate and test the reaction of the urine and repeat at intervals of a few hours until the urine becomes nearly neutral to litmus paper.

In conclusion, I want to say a word about the treatment of combined shock and collapse. We have, so far, considered the treatment of pure cases of both conditions. But you are well aware that many patients after severe surgical operations, after burns, etc., are suffering from both conditions at the same time, and therefore require the treatment of two combined. In most cases subcutaneous injections of a sodium chloride solution and of adrenalin meet the condition. When, however, the collapse needs intravenous injection, the adrenalin may be put into this fluid in the strength of 1 in 20,000; but even in this case I think it is far safer to give the adrenalin subcutaneously.

## The Gordon Museum.

IN view of the recent opening of the Gordon Museum, a short account of the development of the Pathological and Anatomical Museum at Guy's Hospital will be of interest. Until the present time this valuable collection has been distributed in several parts of the Hospital Buildings. It now finds a worthy home where it can be displayed to proper advantage, and to the immense benefit of medical education and the treatment of disease.

The Guy's Museum dates from the latter part of the eighteenth century, for in 1802, if not at a still earlier period, apartments were appropriated to anatomical demonstration and dissection and to the inspection of morbid bodies. At that time, N. Davie, "a very zealous and intelligent young man," as Dr. Thomas Hodgkin styles him, filled the office of Demonstrator, and on his death several preparations of healthy and morbid anatomy, collected by him as the commencement of a private museum, were purchased by the Treasurer and presented to the Hospital. These, together with several specimens met with in the Hospital, and preserved by the care of Richard Stocker, formed a small anatomical collection, devoted to the illustration of the medical lectures delivered in the Theatre of Guy's Hospital. In 1806, when the office of Demonstrator was held by Benjamin Travers, several regulations were passed by the Treasurer to promote the convenience and advantages accruing from this part of the establishment. In 1824, at the instance of the Medical Officers of the Hospital, a Curator (T. A. S. Dodd) was appointed to take charge of the preparation and preservation of specimens, and to assist the Inspector in conducting and recording the post-mortem examinations; he had likewise the care of making casts of such interesting cases as occurred in the Hospital. This was the nucleus of the new Museum which was opened in 1835, and of which Dr. Hodgkin was the Curator.

Until the year 1824 the students of both Guy's and St. Thomas's Hospital—which was then situated in St. Thomas's Street exactly opposite Guy's—had attended the practice of the united hospitals, but difficulties and ill-feeling between the lecturers and students of the two institutions determined Mr. Harrison, the then Treasurer of Guy's, to establish a Medical School which should be complete in itself and independent of St. Thomas's.

Some old houses in Sutton Street were pulled down, and the ground was prepared for a Dissecting Room, an Anatomical Theatre and a Museum. The School was soon finished, and in 1826 the Treasurer reported "all the School buildings ready and occupied." This building is the one still standing, in which the famous pathological collection at Guy's Hospital has been housed until the present day.

In 1829 Dr. Hodgkin, at the request of the Treasurer, Governors and Medical Staff, printed the first catalogue, of which the part dealing with purely anatomical specimens exists, with some additions, for use at the present day. By this time the specimens amounted to some three thousand in number, and the collection was further enriched by the specimens arranged by Mr. Joseph Fox to illustrate the structure and diseases of the teeth. The Treasurer also attached to the service of the Hospital Mr. Joseph Towne, whose magnificent models in wax are still the glory of the Museum at Guy's. Towne's first work of any importance was the model of a human skeleton, which now stands in the Museum, and this he made when seventeen years of age. He took it to Sir Astley Cooper, then Surgeon to the Hospital, who was so much pleased with the work that he gave him a certificate as to its accuracy and sent him with a note to Mr. Harrison. He was at once taken on as modeller to the Hospital, and from that time to the day of his death, in 1879, continued his work at the Hospital. During this time he must have constructed more than a thousand models, and several copies of these he was allowed to repeat for foreign countries. His earlier models were copied from dissections made by Mr. Hilton, and these for beauty and accuracy may be favourably compared with similar ones in all parts of the world, some of them being quite unsurpassed. These gained for Towne a prize at the first International Exhibition of London in 1851.

In addition to models of purely anatomical interest, Towne made a celebrated collection of models illustrating the various diseases of the skin, which are of great practical use owing to their thorough accuracy. The anatomical models were formerly displayed in the long gallery on the ground floor of Hunt's house, and the skin models were exhibited in the north room of the old Museum. They are now for the first time collected under one roof.

From the time of the first catalogue made by Dr. Hodgkin the number of specimens rapidly increased, and it was found necessary in 1857 to publish a second edition of the catalogue. This was commenced by Dr. (now Sir Samuel) Wilks and the late Dr. Habershon, and was completed in 1863. In 1874 the increasing collection of specimens illustrating Comparative Anatomy was arranged and catalogued by Dr. Pye-Smith. In 1894, in pursuance of a resolution of the Medical School, and with the sanction of the Treasurer and Governors of the Hospital, the first instalment of the third edition was published by Dr. Shaw and Dr. Perry. The progress of knowledge in the department of Morbid Anatomy during the thirty years that had elapsed since the publication of the last catalogue rendered it necessary to submit a very large number of preparations to microscopical examination in order to bring the work into conformity with modern views, and the greater number of the specimens had to be entirely remounted. Two volumes of this catalogue have now been published, and it is hoped that the completion of the re-arrangement and classification of the pathological specimens will be accomplished during the course of the next few months.

The specimens now number upwards of 12,000, and for many years the accommodation for their proper exhibition has been quite inadequate. The old museum was badly lighted, the galleries were narrow and uncomfortable, and the lack of space prevented the inclusion of all the various classes of specimens under one roof. The School, though realizing the urgency of rebuilding the Museum, were unable to raise the necessary sum of money, and it is with the deepest gratitude that they have to acknowledge the munificence of Mr. Robert Gordon in undertaking to build the Museum at his own expense. The present Gordon Museum Buildings are built from the plans of Mr. J. H. T. Woodd, the Hospital architect, and form part of a complete scheme for concentrating in one block the Medical School Buildings for teaching purposes.

The New Museums are arranged in four bays, intercommunicating and top-lighted; each bay contains about 1,000 superficial feet of floor space for the exhibition of models and specimens on tables, and round each bay run two tiers of galleries approached by a central staircase, giving a total wall space of rather more than 13,500 superficial feet for the accommodation of specimens on shelves and in enclosed cases. In connection with the galleries of the Museums are rooms for the use of a Curator and for the preparation of specimens, and in connection with the ground floor are rooms for the caretaker and storage for such specimens and diagrams as are under his charge and used in the Lecture Theatre immediately adjoining the Museums.

The warming of the Museums is effected by devection from pipes carried round each bay under the ceiling, and ventilation is provided by up-cast and down-cast flues independent of the lantern lights.

The collection now gathered in the Gordon Museum comprises the specimens illustrating diseases of all the organs and systems of the body, the wax models illustrating the diseases of the skin, models illustrating various pathological conditions, and the unique collection of Towne's anatomical wax models from dissections. In addition there is a collection illustrating the various affections and diseases of the teeth and cases of various instruments and other objects of historical or antiquarian interest connected with Guy's Hospital, the greater number being the gift of Dr. F. W. Cock, late Anæsthetist to the Dental School. It is also proposed to exhibit the drawings of pathological specimens which have been made from time to time, more especially the collection made by the late Dr. Moxon when Demonstrator of Morbid Anatomy.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## Guy's Hospital Rifle Club.

DEAR SIR,—May I crave a portion of the valuable space of the GAZETTE in order to obtain enlightenment on certain questions? Who constitute the committee of the Guy's Hospital Rifle Club? As far as I can find out there is only one member—the hon. sec. and treasurer.

If the rest will declare themselves, I would ask them:—

1. Why were not notices about shooting posted on the proper board, in order to let freshmen know that two Inter-Hospital Cups exist, and are shot for annually? The hon. sec. apparently considers the notice-boards beneath contempt and worthless in their object.

2. Why was no team raised to shoot for the Armitage Cup this year? There are some twenty men, at least, eligible and willing to shoot. Surely a team of six could have been raised from these to compete in the Armitage shoots.

3. Why not call a committee meeting (if a committee of more than one man exists) to allot the prizes for the matches shot concurrently with the United Hospital R.A. meeting at Runnymede on the 5th inst.? Would it not have been more orthodox had they been allotted *before* the matches were shot? The same question also arises in the case of the prizes for the U.H.R.A. meeting, but that is a matter for the U.H.R.A. committee, of which I trust there will be a meeting.

4. When was the rule made that only one first prize may be taken in the hospital matches?

I hope that the hon. sec. may see his way to answer the above questions, in which others than myself are interested.

Thanking you in anticipation for your kindness in publishing this letter,—I beg to remain, yours, etc.,

DISGUSTED SHOOTIST.

DEAR SIRS,—Will you kindly publish this letter in the next number of the GAZETTE, hoping that a general meeting of the Guy's Hospital Rifle Club may be held shortly, and calling on the hon. secretary to call such a meeting and to duly post a notice of the same on the board provided for that purpose?

I am one of the many who are discontented with the way in which the Club has been conducted this year, especially with reference to the Armitage Cups, and the United Hospital Rifle Association Meeting and Bisley Cup—no notice of any of these having been posted. May I also ask that all in the hospital in any way interested in rifle shooting will turn up at the meeting?

Last year we held the Armitage and Bisley Cups. May I ask why no team was entered for the Armitage Cup, and why the Bisley team turned up one short? The fact that the Bisley Cup was lost by only 13 points, I think, is enough to prove that if we had had the full team the Cup would still have been in Guy's. Anyhow, it is about time things were put on a sounder basis. Thanking you in anticipation,—Yours, etc.,

"CORDITE."

# Appointments.

## Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

*Clinical Assistants in Medical Wards.*—Messrs. W. H. S. Burney (Dr. Taylor); A. S. Morton Palmer (Dr. Hale White); W. Welchman (Dr. Pitt); J. S. Bookless (Sir Cooper Perry).

*Clinical Assistants in Surgical Wards.*—Messrs. T. F. Wilson (Mr. Golding-Bird); H. M. Langdale (Mr. Lane).

*Ophthalmic Dressers.*—Messrs. H. S. Knight, W. P. Purdom (Mr. Higgens, August 1st); A. Walker, L. G. Davies (Mr. Brailey, August 1st); C. F. Fothergill (Mr. Higgens (September 1st); G. Wacher (Mr. Brailey, September 1st).

*Surgeons' Dressers.*—Messrs. C. W. Greene, J. S. Farnfield, H. W. B. Walling, P. F. McEvedy, S. K. Poole, O. G. F. Luhn (Mr. Lucas); W. H. Miller, G. N. Bartlett, J. T. Smalley, G. F. E. Allison, M. M. Earle, A. T. Rivers (Mr. Golding-Bird); A. Alcock, C. F. L. Leipoldt, E. Wragg, B. K. Nutman, J. L. Rankine, C. E. M. Jones (Mr. Symonds); H. C. Malleson, A. Zorab, W. R. Greening, A. Davidson, S. W. Daw (Mr. Lane).

*Obstetric Dressers.*—Messrs. E. M. Harrison, E. C. Lowe, T. H. Barton (September–October).

*Externs.*—Messrs. E. L. R. Norton, T. B. Layton, T. H. Barton, E. Morgan, R. Davies-Colley, G. W. Goodhart (August); G. Cockcroft, W. H. Trethowan, C. W. Ponder, F. A. Barker, H. H. Moyle (September); T. E. A. Carr, E. W. Giesen, C. M. Ockwell, G. F. Stebbing, G. R. Phillips (October).

## Civil.

EASON, H. L., M.D., M.S. Lond., has been appointed Assistant Ophthalmic Surgeon to Guy's Hospital.

FAGGE, C. H., M.S. Lond., F.R.C.S. Eng., has been appointed Assistant Surgeon to Guy's Hospital.

HOLMES, T. E., M.A., M.D. Cantab., has been appointed Assistant Physician to the Bristol Royal Hospital for Sick Children and Women.

LANE, W. ARBUTHNOT, M.S. Lond., F.R.C.S. Eng., has been appointed Surgeon to Guy's Hospital.

MCGAVIN, LAWRIE, F.R.C.S. Eng., has been appointed Surgeon in Charge of In-Patients on the Staff of the "Dreadnought" Hospital, Greenwich.

## Impressions of Theophrastus Such on Prize Day.

I MET Theophrastus in the park, cogitating, after the manner of the Suches, on the exceeding gravity of things in general and the flamboyant assembly of doctors' and bachelors' robes in particular. He had been through the wards; he had inspected the new museum; he had vainly attempted to find a way up to the central tower of Hunt's building from which somebody had assured him that he would get a most magnificent view of the metropolis; he had penetrated into the engineering department in an equally unsuccessful endeavour to see the wells which furnish our water supply, and to crown all he had failed to find Mr. Thompson, with whom he had much wished to continue his discussion as to the advantage of forcible and exact speech. The result of all this was that Theophrastus was much depressed, and the bar of Michael Angelo over his eyes was bedaubed with perspiration due to an unwise consumption of iced gingerade in the refreshment tent.

"Prize day," said Theophrastus, as mellifluously as his lassitude and disgust would permit, "Prize day is a huge fraud. I came to see the hospital—perhaps wrongly. I imagined—perhaps wrongly also—that I would see it under normal conditions, so as to be able to judge what it was like under ordinary conditions. I have found you like children dressed for a Fresh Air Fund party, the patients with silken bows in their hair and insipid smiles on their faces, and the staff looking supremely uncomfortable in all their finery. Do you think it right?"

"Nowadays," he pursued, in that aimless drivelling fashion which, according to George Eliot, is his great characteristic, "nowadays people are agitating themselves on the question of the divorce of the previous curriculum from clinical practice. I have taken part in such discussions myself, though, like my friend Mr. Begbie, who is finally settling the question of the morality of vivisection, I have as yet maintained an open mind. To-day, however, settles me. I shall vote for the divorce."

"There are two days in the year," he went on, "when the hospital is not itself. Christmas day is one, but that I can forgive. After all, a hospital is not a place of unequivocal misery, a harem of absolute hopelessness for those that are in it. We are past the days when to be admitted into a lazar house meant a life-long exile from humanity, past even, thank God, the time when this hospital itself was an asylum for incurables, for the moonstruck and witless refused admittance into other charitable institutions. Therefore I make no cavil at the festivities on Christmas day. Rather do I approve of them as tending to harmless enjoyment and a pleasing levity of purpose which is to be advocated for those pent up as you are in an environment of the morbid and the dismal. But I object to Prize day."

Here Theophrastus took another drink of gingerade, wiped himself vigorously with an old silk handkerchief, and threw crumbs of rock bun at an expectant sparrow.

"I went to some of your wards," he said, "and I was much interested. Not so much in the things you might expect me to be interested in, but in others. It gave me a false impression—the whole I mean. You cannot be like that on ordinary days. So I say Prize day is a fraud, doubly. It is a fraud firstly because it is a school function, not primarily a hospital one. It is a fraud secondarily because it aims to present yourselves in an untrue light to the visitor. I found, for instance, that your out-patients had been removed to a back room, ten times worse than your already too stuffy and cramped front surgery. From the point of pure policy it seems to me that that is not a good thing. Prize day gives one the impression that you are all Mesopotamians, gorge full of milk and money, while as a matter of fact you are heavily in debt. If it is to be a huge advertisement merely, as some assure me that it is, how much better would it be to let the average visitor see you in your ordinary garb. Throw your wards open, by all means, to public inspection, but let the public get behind the scenes, let them see for themselves what it means, this huge organisation of which Prize day is merely the drawing-room tableau with

the screens put away in a corner, and your house-surgeons looking as if their only object in life was to take tea in the Superintendent's Office."

"I can quite grasp your objections. You say that to do as I suggest would be to stultify the whole object of Prize day, which is, after all, to show the hospital at its best. But I maintain that you see it at its best when it is active, when it is redolent with iodoform and most of you are in your shirt sleeves. Do you think your Prize day private view impresses the average man half so much as your front surgery would on a full night with an accident in each examining room, or that it gives him half so good an idea of the usefulness of your institution as that group of men around one of your staff in a smelly back chamber that I had the good fortune to travel into this afternoon? Your Prize day encourages nonchalance in the public, because it shows you under a varnish of affected ease, whereas the true object of any hospital function should be to bring home to the man outside the fact that his primary duty is to do all he honestly can to help you because your work is hard and your means not over great. Perhaps it is too much to hope that any ordinary function can do that, for, after all, the best way to realise that great fact is to become an inmate as Henley became one, and see the work with a patient's eye. Although, now that I come to consider it, it would mean that one will have to be a patient successively in each department at least, and that is a contingency I would not like to wish should happen even to my biographer."

"When I consider what you have wasted this day," said Theophrastus, preparing to return to the refreshment tent to replace his tumbler, and if possible get a further supply of pernicious drink, "I stand amazed. It seems to me that you have lost your opportunities in a most disgraceful way. For one day's hypocrisy—which, as you know, is only the homage that vice pays to respectability—you have deranged your whole organisation and got nothing in return for it, except this litter of empty glasses and faded flowers, and the thought that for this year at least Prize day is over and done with. Shoo!"

The startled sparrow flew towards Clinical, where it probably told its fellows what every reader of George Eliot knows already— namely, that Theophrastus Such is an ass, and that in these modern days asses do not see angels.

## Reviews.

*The price of books submitted for review should in every case be stated.*

*Manual of Diseases of Children.* By James Burnet, M.A., M.B. Pp. 406. (E. & S. Livingstone, Edinburgh.) 6s. 6d. net.

In this work the author's ambition has exceeded the size of the book, as he has endeavoured to say a few words on every disease which occurs in childhood, and has not confined himself to the diseases which are *important as occurring* in childhood. For instance, in a small book of this kind we ought not to find a long clinical account of Appendicitis, and yet only one page on Enuresis, though two pages are devoted to Diabetes. Again, there are many pages on Cardiac Disease which contain matter referring more to adults than children. What the student expects in such a book as this is a short account of the points of difference between children and adults suffering from certain diseases, and an exhaustive account of those diseases peculiar to or much commoner in children. This balance is not maintained in the work before us.

The author's treatment of Acute Summer Diarrhœa and Vomiting is wanting in vigour—no mention is made of infusion or stomach lavage—both most useful therapeutic measures. In tuberculous meningitis all treatment is pronounced hopeless, but the practitioner is recommended to shave the head and inunct mercury to the scalp!

*A Manual of Midwifery.* By Henry Jellett, B.A., M.D. Pp. xxv. and 1158. (Messrs. Bailliére, Tindall & Cox.) 21s. net.

This work, which is issued in the University series uniform with Rose and Carless's Surgery, is a comprehensive account of the theory and practice of modern obstetrics; it is written by an author whose shorter works on Midwifery and Gynæcology are already well known to the medical student, and contains small contributions from four other Dublin men on certain special subjects.

The teaching of obstetrics runs in definite lines of thought, and Dublin has given its name to certain well-known methods of treatment which are of course upheld in this book by the ex-Assistant Master of the Rotunda Hospital, though each case is moderately discussed on its merits and the views of other schools of midwifery adequately described.

Easy to read, without much mathematics, and yet containing everything necessary, the book will be welcomed by all students both for the clear statement it

contains of the author's opinions and the care with which everything has been written; there has been no mere slipshod copying from previous works without ample verification, and the author does not hesitate to question the dicta of well-known authorities—for instance, that "phthisical women are not apt to conceive," which is Playfair's definite statement.

The illustrations are very good, both photographs and diagrams, but especially those illustrating the various manipulations—version, etc.; and there are far more sagittal sections than usual, taken after death, at various stages of pregnancy and puerperium. The application of forceps is very well illustrated.

Plugging the vagina is of course advised as the Dublin treatment of accidental hæmorrhage, and perhaps the most dogmatic statement in the book is that "No woman with cardiac valvular disease should marry." Symphysiotomy is recommended in certain circumstances though no mention is made of the obvious advantages of dividing the pubes to one side of the middle line so as to obtain subsequent *bony* union. Another sign of pregnancy is added—hypertrophy of the ureters as felt per vaginam, and the height of the uterus at various terms is put more definitely than usual.

The dorsal position is recommended for the third stage of labour, the routine use of a douche after labour is condemned, and the measurements of the cavity of the pelvis are given in two planes—of greatest expansion and greatest contraction respectively. A very good resumé is given of the teaching on Chorion-epithelioma, and a very good method of replacing the cord when prolapsed.

Altogether we can thoroughly recommend this book to all students in search of a book on midwifery.

We have received an advance copy of Merck's Annual Report for 1904, which will be found very useful, and all medical men can obtain it free from the publishers. Containing a short account of all the work which has been done during the year on various drugs, it constitutes a very complete report on recent pharmacological progress, and is quite free from that bias towards certain drugs which is usually exhibited by advertising publications. Messrs. Mercks' London address is 16, Jewry Street, E.C.

## Change of Address.

Dr. R. S. Armstrong, from 12, Chippenham Road, St. Peter's Park, W., to 12, Clifton Villas, Maida Vale, W.

Dr. Edmund C. Bevers, from 40, Beaumont Street, Oxford, to 71, St. Giles', Oxford.

Dr. Edward Cohen, from Fernleigh, Brighton Road, Purley, to Coulsdon, near Purley, Surrey.

Mr. A. Alan Forty, L.D.S., Guy's Hospital, and at 6, Weymouth Street, Portland Place, W.

Mr. J. W. Mawer, L.D.S., from Guy's Hospital, to 24, Lithos Road, Finchley Road, N.W.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Dental News.

HAVING been reminded that former students of this hospital may wish to know particulars of the usual treatment of ordinary fracture cases—which occur fairly frequently in the Dental Department—we hasten to repair the omission, and in addition, as a peace offering, append a few somewhat rarer cases which may be of interest; for particulars we are indebted to one of the House-Surgeons, who has kindly placed at our disposal his private notes on each case.

(i.) Fracture of mandible (single). Woman æt. 28.

*Site.*—Left canine socket: tooth in situ.

*History.*—Fall downstairs; skirt in a table. This happened on the previous Monday, *i.e.*, a week before she presented herself.

*Symptoms.*—Jaw *very mobile* in the two halves. Not much displacement, laceration and swelling lingually.

*Treatment.*—Took impression of upper and lower in composition, put on four-tailed bandage. Later.—Fixed Tomes' splint with Harvard cement, again bandaged.

Patient progressing favourably.

(ii.) Double fracture of mandible in left angle and right canine region. Man, æt. 30.

*Cause.*—Blow from fist; injury about a week old.

*Symptoms.*—Much swelling around angle and considerable pain on moving jaw.

*Treatment.* — Impressions taken, Gunning splint applied next day—with addition of Hamilton bandage. Mouth wash given. Patient feeding through tube.

Progress satisfactory.

(iii.) Dental cyst in region of upper right six-year-old molar. Patient, male, æt. 24, complained of swelling over antral region, externally, as far as lower eyelid slightly inflamed; no sleep; pain; swelling for four days. Patient had tooth extracted some time previously.

*Treatment.*—Hot mouth wash, with saline purge. Patient presented himself two days later and described swelling as having burst on the same evening that the mouth wash was first used.

*On examination*, small opening found in alveolar margin opposite $\underline{6}|$, large enough to admit blunt probe, penetrating antrum-ward $\frac{3}{8}$ inch. On pressure, a clear, glairy, slightly blood-stained fluid exuded.

*Treatment.*—Syringed with carbolic lotion, 1 in 80, and packed with iodoform gauze. Suspected root.

Two days later patient was given chloroform, an incision made in buccal sulcus, and cavity scraped with Volkmann's spoon, syringed to remove any débris, then swabbed with pure carbolic to destroy epithelium, and finally packed with iodoform gauze. Patient under observation.

Lack of space prevents the addition of several cases which are, perhaps, more interesting than the above. We hope, however, to publish these at a future date.

# The Prevalence of Trichocephalus Dispar.

Reprinted from the *Journal of Hygiene*, vol. v., No. 3, July, 1905.

By H. S. FRENCH, M.D., M.R.C.P.,
AND
A. E. BOYCOTT, M.D.
(*From the Gordon Laboratory, Guy's Hospital*).

No investigations seem to have been made in recent years as to the prevalence of intestinal worms among the general population in this country. The present results are derived from the microscopical examination of the stools of 500 in-patients of Guy's Hospital. The cases were taken consecutively by beds all through the hospital, without any selection, over a period of ten months, and comprise surgical and medical as well as gynæcological and other special patients. Nearly all were inhabitants of London.

The method of examination was to shake up a small portion of the fæces with normal saline solution in a test-tube; after allowing the mixture to sediment for about half-an-hour the supernatant fluid is poured off and the deposit shaken up with fresh saline. This process is repeated four or five times, and by it all the finer *débris* is removed; one drop of the final deposit containing the eggs in a concentrated form is mounted fresh, and any eggs present are readily detected under a low power. The method is chiefly of value where very few eggs are present. In such cases eggs are often found where a negative result has been obtained in the direct examination of the unwashed fæces. Unless the time allowed for sedimentation is unreasonably curtailed, there is no danger of eggs being lost during the washing. In more than four-fifths of the cases each sample was examined independently by two observers, the whole of the deposit under a $\frac{7}{8}$ in. square cover-glass being searched methodically on a mechanical stage.

Eggs of parasites were found in 40 cases; in one *Ascaris* eggs were discovered with difficulty in a boy æt. 6, who had been admitted to the hospital as a case of *Ascaris* infection; in the remaining 39 eggs of *Trichocephalus dispar* were found. We did not meet with the eggs of any other parasite. The following table shows the details of these cases with regard to age distribution:—

| Age. | Total cases examined. | Cases in which eggs were found. | Percentage infected. |
|---|---|---|---|
| 0—5 | 42 | 1 | 2·4 |
| 5—10 | 43 | 5 (+1 *Ascaris*) | 11·9 |
| 10—20 | 86 | 9 | 10·5 |
| 20—30 | 96 | 12 | 12·5 |
| 30—40 | 58 | 7 | 12·1 |
| 40—50 | 69 | 3 | 4·4 |
| 50—60 | 51 | 2 | 4·0 |
| 60—70 | 19 | 0 | 0 |
| over 70 | 3 | 0 | 0 |
| age not given | 53 | 0 | 0 |
| | 500 | 39 +1 *Ascaris* | 7·8 |

These figures indicate a well-marked susceptible period of life; 84 p.c. of the infections fall between 5 and 40, while but 57 p.c. of the cases examined come within that age period. The absence of infections in children is striking; the single case in the period 0–5 years was aged 4, so that in the first four years of life we have 41 cases with no infections[1].

The sex incidence is equal: of 279 males 22 (=7·9 p.c.), and of 221 females 17 (=7·7 p.c.), were found to be infected.

As might be expected, nothing suggestive is found in the diseases with which *Trichocephalus* was associated. Roughly speaking 45 p.c. of the infected patients were medical, 30 p.c. surgical, 7 p.c. gynæcological, and 10 p.c. were suffering from affections of the eyes. Of 24 cases of appendicitis, two (8.3 p.c.) had worms; as this is rather less than the average incidence (9.4 p.c.) in all the cases of the same age period, no support is afforded to the notion that *Tricocephalus* has any ætiological relationship to appendicitis[2]. The length of time between the patients' admission to the hospital and the

[1] The presence of *Oxyuris* is often missed by the ordinary methods of examination of fæces. We have had the opportunity of comparing in a number of cases the results of the microscopical examination of fæces with a subsequent microscopical search for the adult worms after the administration of thymol. In the former the eggs or worms were seen extremely seldom, while in the latter specimens of *Oxyuris* were nearly always found.

[2] Metchnikoff, *Bull. de l'Acad. de Méd.*, vol. xlv., 1901, p. 301.

discovery of eggs varied from 2 to 103 (average 27) days. In no case were the eggs numerous, and in the majority not more than 1 to 3 were found in a drop of the washed fæces.

The results have indeed no pathological interest; they indicate rather the extent to which the general population in London comes into contact with human fæces. The life-history of *Trichocephalus dispar* is not elucidated in all detail, but the essential facts seem to be fully established. The eggs measure about 55 by 25 $\mu$, and as they leave the host in the stools contain an undifferentiated ovum; further development is very slow, and many months are occupied in the growth of the larva within the egg. This growth is to some extent independent of temperature, and will take place at "room-temperature" in this country. The thick egg-shell is very resistant; in consequence the embryo can survive great vicissitudes of temperature and moisture, and may remain capable of development for a long time (up to five years—Davaine) after leaving the body. The larva does not escape from the egg outside the body, but only on being taken into the alimentary canal. Eggs which do not contain a developed larva are not infective. As far as is known, infection can only take place *per os*. The length of life of the adult worm in the human intestine is, we believe, quite unknown; analogy would lead us to suppose that it may extend to several years.

Monkeys and lemurs are said to be often infected with *T. dispar*; in this country, however, this is of no moment in the present connection. Closely allied, but distinct, species are found in several of the domestic animals—notably *T. crenatus* in the pig and *T. affinis* in the sheep. The eggs of these other species very closely resemble those of *T. dispar*, but the specificity of worm infections practically precludes the suggestion that the eggs which we have found in human stools are other than those of *T. dispar*, and that the infections with this worm had their origin in fæces other than human[3].

[3] It is possible, though hardly credible, that the eggs found might have been the eggs of some other species of *Trichocephalus* which had been swallowed and passed through the body as such. In any case, the infection must be fæcal, whether it be human or animal.

It follows from this that infection arises by the ingestion of material contaminated with stale human fæces. Immediate personal infection or reinfection is excluded by the fact that the eggs must go through a lengthy period of development outside the body before they become infective. Any interest which our result may have lies in the demonstration—which is we believe unequivocal—that all the precautions which are taken in this country to secure the safe disposal of human excreta have not been adequate to prevent a purely fæcal infection being present in at least 8 p.c. of the population.[4]

On the other hand, it is satisfactory to note that these results indicate a far more efficient cleanliness than do similar statistics from other places, a selection of which follows:—

| Place. | Number examined. | Percentage with *Trichocephalus*. |
|---|---|---|
| Erlangen[5] ... ... ... | 1755 | 11·1 |
| " (insane)[5] ... | 138 | 100 |
| Dresden[5] ... ... ... | 1939 | 2·5 |
| Kiel[5] ... ... ... ... | 1117 | 32·2 |
| Dublin[6] ... ... ... | 90 | 90 |
| Greenwich[5] ... ... ... | 16 | 69 |
| Paris[7] ... ... ... | ? | 50 |
| Naples[7] ... ... ... | 80 | 100 |
| Bâle[8] ... ... ... ... | 752 | 23·6 |
| United States (insane)[9] ... | 500 | 10·8 |
| Porto Rico[10] ... ... | 5490 (?) | 6+ |
| Cornish Miners[11] ... ... | 48 | 79 |
| India[12] ... ... ... | 1249 | 4·4 |
| " [13] ... ... ... | ? | 90 |

The cause and nature of the infection are such that, apart from variations in the method and thoroughness of the examination, the degree of infection must vary quantitatively with the degree of fæcal contamination. This can be

[4] It follows from the long duration of the infection that this figure is to some extent an accumulated result, and possibly also partly the result of conditions now past.

[5] Leuckart, *Transl. Hoyle*, i., 1887, p. 151.

[6] Cobbold, *Parasites*, 1879, p. 179.

[7] C. Davaine, *Traité des Entozoaires*, 1877, p. 209.

[8] Blanchard, *Traité de Zoologie Médicale*, 1889, i., p. 783.

[9] *Bull.*, No. 13, Hyg. Lab., U.S. Pub. Health and Mar.-Hosp. Serv., Washington, 1903; other statistics will be found here.

[10] Report of Commission on "Anemia" in Porto Rico, San. Juan, 1904.

[11] *Journal of Hygiene*, iv., 1904, p. 477; subsequent experience has fully confirmed this figure.

[12] Dobson, *Report on Ankylostomiasis*, 1892.

[13] Hektoen and Riesman, *Pathology*, i., 1901, p. 344.

estimated directly only by an intimate knowledge of the details of the habits of the people concerned. The only instance which has come under our personal observation fully supports the connection: Cornish miners have hitherto worked in very filthy surroundings and are infested with worms. Many of the statistics quoted refer to the experience of some thirty years ago, and it may well be that much improvement has taken place since then.

As far as our own cases are concerned, the paths of infection cannot be definitely traced; the absence of the worm in young children[14] suggests somewhat strongly that infection is brought about by the injection of "ordinary" food, since in other ways children would appear to be particularly liable to take in undesirable material. Among the common articles of diet, the readiest mode of infection is offered by uncooked vegetables, and perhaps especially by water-cress, which is eaten very commonly by the poorer classes in London, and which is often derived from sources which are open to the gravest suspicion of sewage contamination. The greater part, at any rate, of the London water is subjected to some sedimentation before delivery; as the eggs settle very quickly, this would seem to exonerate the water supply, apart from the influence of filtration.[15]

We have much pleasure in acknowledging the invaluable help which has been rendered by our laboratory assistant, J. R. Clark, in obtaining these results, which, without such efficient aid, would have been long delayed.

[In the original paper was a table of blood counts in 26 cases showing that no eosinophilia exists in cases of infection with *T. dispar*.—ED.]

[14] This point is brought out in the Erlangen statistics (children 4·8, adults 13·1 p.c.), but not in those from Kiel (children 32·5, adults 29·5 p.c.). Blanchard, *Traité de Zool. Méd.*, i.

[15] Cf. Blanchard, *Archives de Parasitologie*, iii., 1900, p. 485.

## Nursing News.

MATRON'S OFFICE.

On July 1st, Sister Cornelius, Miss E. M. Lewis, left the Hospital to be married.

On July 6th, Miss E. J. Densham, who completed her training last year, returned to the Hospital as Probationary Sister.

On July 10th, Miss Ida Cornwell, who completed her training in October last, returned to the Hospital as Probationary Sister.

On July 28th, Miss Constance Mudge, who has been Home Sister since October last, left the Hospital to take up Swedish Remedial Gymnastic work at Stockholm. Sister Queen, Miss A. Park, has been appointed to succeed her as the Home Sister, and Miss E. J. Densham, who has been acting as Surgical Night Sister, has been appointed Sister of Queen Victoria ward.

We have to congratulate Miss N. T. Bell, the Sister in charge of the Hospital housekeeping department, on having obtained the appointment of Matron of the Birmingham and Midland Children's Hospital, Birmingham.

On June 29th, Probationer G. Evans was appointed Head Nurse in Ruth ward.

On June 30th, Probationer Austin was appointed Head Nurse in Dorcas ward.

On July 17th, Nurse Elwin, Head Nurse in Esther ward, left the Hospital on completion of her three years' training. Nurse Tippetts, Head Nurse in Job, has been transferred to Esther, and Probationer Wrenford appointed Head Nurse in Job ward.

The following probationers have been successful in passing the Probationers' Examination in Surgery:—

*First Class.*—Probationers Alban, Barron, Chatfield, Hyde, Leigh, Lyons, Mayes, Paterson, Webb.

*Second Class.*—Probationers Baker, Baber, Brown, Briggs, Cawley, Carter, Clarke, Cockin, Denny, Denman, Ellis, Farrow, Fletcher, Finniss, Grimwood, Greenall, Gleeson, Gerard, Hughes, Hodgkinson, Herbert, Hambro, Hale, Joyce, Johnson, Jones, Kernahan, Lane, Lulham, Lefebvre, Lacon, Mahoney, Mann, Martin, B. Peck, Pace, Page, Rennison, Ray, Rae, Speyer, Stephenson, Stafford, Schnittger, Swann, Shenstone, Snellman, Saunders, Tandy, Wallis, Ward, Wertheim, White, Wood.

## THE HOSPITAL APPEAL.

### Ninth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 50,476 | 11 | 0 |
| Robert Jardine, Esq. ... ... ... ... | 100 | 0 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 28th inst.) ... ... ... | 109 | 3 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £50,685 | 14 | 0 |

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Ninth List of Collections.

(Received up to Thursday, July 28th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 57,106½ |
| Anderton, Miss M. (122s.)—T. Hay ... ... | 5 |
| Anson, Miss F. L. (426s.)—Collected by Miss Bourke, 23; Miss Curzon and collection, 10 ... | 33 |
| Atkinson, Dr. T. R. (12s.)—F. W. Davies ... ... | 5 |
| Attwood, Miss May ... ... ... ... ... | 9 |
| Barlow, Miss (1s.)—Miss G. C. Parker ... ... | 2 |
| Barker, C. A. (2s.)—Miss V. Harris ... ... | 10 |
| Bowes, Dr. J. Ireland—Miss Bowes, 2; Mrs. Pugh, 2; Miss C. M. Pugh, 1; Mrs. Mason, 1; C. S. Pugh, 1; Mrs. Craik, 1; E. Sandall, 1; H. E. Bracher, 1; Mrs. Smith, 1; J. Ireland Bowes, 20 ... ... ... ... ... ... ... | 31 |
| Bright, Sister (75s.)—Miss Stella Rolls, 40; Lt. Wiltshire, 33... ... ... ... ... ... | 73 |
| Brookhouse, H. O. (9s.)—Miss Tulford ... ... | 2½ |
| Brown, Miss M. A.—Mrs. Gray, 1; R. Manning, 1; Batty, 1; Miss Gray, 1; Mr. Mundie, 1 ... | 5 |
| Comic Cricket Match ... ... ... ... ... | 197 |
| Campbell, Nurse F.—Anon. 3; Mrs. Slater, 1 ... | 4 |
| Cooper, J. S. (5s.)—Amy, 10; Daisy, 10; Ella, 10; T. J. Fisher, 10 ... ... ... ... | 40 |
| Craig, Mrs. (23s.) ... ... ... ... ... | 5 |
| Denman, Nurse—Anon. ... ... ... ... | 3 |
| Dimond, Mrs. H. (91s.)—Anon. ... ... ... | 1 |
| Dinham, Mrs. ... ... ... ... ... ... | 20 |
| Dorcas, Sister (419s.)—Mrs. Cockerell, 1; Miss K. Puzey, 40; Anon., 5 ... ... ... ... | 46 |
| Dunderdale, G.—Anon. ... ... ... ... | 6 |
| East, Mrs. Alfred—Miss C. Hewitt, 3; C. Woodall, 20; Miss Litchfield, 4 ... ... ... ... | 27 |
| Elliott, E. L.—"A Friend to Guy's" ... ... | 5 |
| Ellyatt, Mrs.—Miss. A. Ellyatt ... ... ... | 10½ |
| Falwasser, Dr. A. F.—M. Falwasser ... ... | 12 |
| Finnemore, Miss K. E. (345s.)—A. M. Parkinson | 33 |
| Foster, Dr. F. W.—Mrs. Symes ... ... ... | 63 |
| Galabin, Mrs. (70s.)—Mrs. Floyd Verney ... ... | 5 |
| Golding-Bird, Mrs. (545½s.)—Mrs. Mimpliss ... | 5 |
| Hamilton, G. Esq —Mrs. Armstrong ... ... | 20 |
| Hammond, Dr. J. (68s.)— —. Lea, Esq., 4; Mrs. Ware, 26 ... ... ... ... ... ... | 30 |
| Hamlin, Miss (22s.)—Miss R. Warren ... ... | 12 |
| Heath, Nurse (326s.)—C. L. Walker ... ... | 10 |
| Henderson, Mrs. L.—Collection ... ... ... | 20 |
| Carried forward | 57,862½ |

| Name. | Shillings. |
|---|---|
| Brought forward | 57,862½ |
| Hester, Miss (2s.)—J. Jamieson, 1; Mrs. Holland, 1 | 2 |
| Hinde, E. B. (20s.)—F. P. Hinde ... ... ... | 10 |
| Hutchinson, Miss E. (120s.)—Anon. ... ... | 3 |
| Iles, Miss C. (5s.)—Collection ... ... ... | 10½ |
| Jennings, Miss—Collection ... ... ... ... | 21 |
| Kate, Sister (110s.)—Mrs. Kennard, 10; Anon., 105 ... ... ... ... ... ... ... | 115 |
| Knott, Dr. C. (49s.)— —. Packer, Esq. ... ... | 20 |
| Lear, Nurse (4s.)—Mrs. J. E. Bowles, 5; W. F. Boucher, 10 ... ... ... ... ... ... | 15 |
| Lees, A. E.—M. L. and E. L., 5; H. Moses, 2 ... | 7 |
| Luke, Sister (111s.)—A. Smart ... ... ... | 20 |
| Lyon, Mrs. H. (40s.)—Miss A. Johnson, 20; and others, 6½ ... ... ... ... ... ... | 26½ |
| Mackintosh, Mrs. E. ... ... ... ... ... | 105 |
| May, Staff-Surgeon P. M., R.N.—From some of the Officers on H.M.S. *Triumph* ... ... ... | 10 |
| Molyneux, Hon. Capt. W. H.—L. H. Coles ... | 20 |
| Mullidge, Miss E. R.—Miss E. Smith ... ... | 5 |
| Norton, E. L. R. (20s.)—Miss L. A. Boyle ... | 4 |
| O'Donnell, Miss—M. H. L., 1; M. A. S., 1; J. L. P., 1; G. F. S., 1; S. J. A., 5; A. Foster, 1 ... | 10 |
| Ollendorft, Miss (14s.)—L. Greeven ... ... | 10½ |
| Owsley, Dr. G. C. ... ... ... ... ... | 21 |
| Payne, O. V. (10s.)—Rev. E. G. Payne ... ... | 5 |
| Pollard, J. McFarland (4s.)—G. F. Forwood ... | 5 |
| Pollard, Dr. G. S. (94s.)— —. Thornton, Esq., 1s.; Miss Marsden, 1s. ... ... ... ... ... | 2 |
| Prideaux, A. E. D. (9s.)—E. Yerbury ... ... | 10 |
| Queen, Sister (217½s.)—Miss Nightingale... ... | 20 |
| Reynolds, Dr. W. P.—Mrs. Elliott... ... ... | 10 |
| Stein, Nurse—Mrs. J. Payne ... ... ... | 5 |
| Steele-Perkins, Dr. G. (1s.)—W. H. Williams ... | 10 |
| Swist, Miss (110s.)—Miss Thorpe ... ... ... | 40 |
| Taylor, Mrs. F. (114s.)—Miss Madge Harter ... | 5 |
| Ticehurst, N. F., Esq., F.R.C.S.—N. H. ... ... | 100 |
| Warner, Mrs. ... ... ... ... ... ... | 10 |
| Weymouth, Nurse—Collection ... ... ... | 35 |
| Wilson, Dr. W.—Mrs. J. D. Symon ... ... | 42 |
| White, E. B.—Miss Edwards ... ... ... | 5 |
| Wyatt-Smith, Dr. F. (49s.)—Mrs. Ward ... ... | 5 |
| Young, Miss (44½s.)—Collection ... ... ... | 14 |
| Young, Dr. F. C.—Rev. R. W. H. and Mrs. Acworth ... ... ... ... ... ... | 10 |
| | 58,625 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 419½ |
| TOTAL (up to 28th inst.) | 59,044½ |

## Pass List.

### University of London, July, 1905.

M.D. EXAMINATION.

MIDWIFERY AND DISEASES OF WOMEN.—V. E. Collins.

STATE MEDICINE.—H. Tipping.

M.S. EXAMINATION.

T. Holmes, M.D. (University Medal).

# Sport.

## Cricket.

### GUY'S v. BART.'S.

INTER-HOSPITAL CUP.—FINAL-TIE.

This match was played on the Bart.'s ground, and ended in our victory by 9 wickets.

Bart.'s batted first and were dismissed for the small total of 87. Kahlenberg bowled finely, taking 7 wickets for 31 runs. Tolhurst took 3 for 29. On Guy's going in to bat for a quarter of an hour before lunch, three wickets were lost for 9 runs. Simms and Barnett then got together after lunch, and improved matters. Whelon and Smith stayed with Barnett, and a respectable total was put together. Barnett's fine innings of 112 on a bumpy wicket, should go down to posterity.

In their second innings Bart.'s only made 126, thus leaving us 20 runs to get to win. Riches and Kahlenberg bowled well, the former taking 6 wickets for 59, and the latter 3 for 56. Scores :—

ST. BART.'S

| 1st Innings. | | 2nd Innings. | |
|---|---|---|---|
| J. W. Bean, c Barnett, b Kahlenberg | 0 | c Wells, b Riches | 23 |
| P. R. Parkinson, b Kahlenberg | 28 | c & b Riches | 18 |
| H. N. Burroughes, c Wells, b Kahlenberg | 6 | b Riches | 2 |
| K. S Singh, c Barnett, b Tolhurst | 15 | | |
| J. F. Gaskell, b Kahlenberg | 5 | c Wells, b Kahlenberg | 20 |
| G. Viner, c Barnett, b Kahlenberg | 8 | c Wells, b Kahlenberg | 1 |
| T. S. Gibson, c Barnett | 0 | b Riches | 15 |
| J. M. Smith, c Whelon, b Tolhurst | 0 | c Bartlett, b Riches | 3 |
| E. De Vertemil, c Kahlenberg | 15 | c Wells, b Riches | 17 |
| G. F. Page, b Kahlenberg | 4 | c Wells, b Kahlenberg | 0 |
| C. Noon, not out | 2 | not out | 16 |
| Extras | 4 | Extras | 11 |
| Total | 87 | Total (9 wkts) | 126 |

GUY'S.

| 1st Innings. | |
|---|---|
| J. R. Bartlett, c Burroughes, b Page | 5 |
| J. S. Bookless, c Parkinson | 0 |
| S. M. Wells, c Gibson, b Gaskell | 0 |
| E. Barnett, c Bean, b Page | 112 |
| H. Simms, c Parkinson, b Page | 15 |
| N. V. H. Riches, c Singh | 5 |
| R. Willan, c Bean, b Page | 0 |
| E. Whelon, b Gaskell | 18 |
| P. Smith, b Gaskell | 13 |
| A. M. Tolhurst, not out | 5 |
| F. Kahlenberg, b Page | 6 |
| Extras | 15 |
| Total | 194 |

Second Innings.—J. R. Bartlett, c Viner, b Page, 2; S. M. Wells, not out, 4; A. M. Tolhurst, not out, 6; extras, 8. Total (for one wicket), 20.

### GUY'S v. WISETON.

This match ended in a win for us by 172 runs. Scores :—

GUY'S.

| 1st Innings. | | 2nd Innings. | |
|---|---|---|---|
| F. Morres, c Washington, b Hardstaff | 52 | | |
| J. S. Bookless, b Hardstaff | 12 | c Farmer, b Guyler | 26 |
| H. Simms, c Farmer, b Hardstaff | 18 | c Walters, b Guyler | 62 |
| R. Willan, c & b, Guyler | 0 | b Hardstaff | 38 |
| A. M. Tolhurst, c Hemingway, b Hardstaff | 0 | b Hardstaff | 5 |
| F. Whelan, c & b Guyler | 32 | c Hudson, b Hardstaff | 8 |
| A. B. O'Brien, c Duxfield, b Guyler | 52 | | |
| F. Morgan, c Farmer, b Guyler | 47 | | |
| E. A. Collins, hit wicket, b Dexter | 28 | | |
| C. B. Ticehurst, b Hardstaff | 22 | | |
| G. N. Bartlett, not out | 12 | b Hardstaff | 28 |
| Extras | 19 | Extras | 19 |
| Total | 294 | Total (6 wkts) | 186 |

WISETON.

| 1st Innings. | | 2nd Innings. | |
|---|---|---|---|
| R. E. Hemingway, b Bartlett | 1 | b Tolhurst | 9 |
| E. E. Peatfield, c Morgan, b Bartlett | 4 | b Bartlett | 21 |
| J. Washington, b Morgan | 6 | c Ticehurst, b Morgan | 0 |
| A. Ashwell, b Bartlett | 0 | c O'Brien, b Tolhurst | 12 |
| Dexter, c & b Bartlett | 3 | b Ticehurst | 17 |
| Hardstaff, c Bookless, b Morres | 40 | b Tolhurst | 50 |
| T. Duxfield, not out | 42 | c Collins, b Bartlett | 3 |
| H. C. Farmer, c Bartlett, b Morres | 3 | b Tolhurst | 16 |
| Guyler, b Bartlett | 20 | b Ticehurst | 17 |
| G. Hudson, b Willan | 3 | not out | 9 |
| F. Walters, c & b Bartlett | 7 | c Whelan, b Tolhurst | 2 |
| Extras | 6 | Extras | 17 |
| Total | 135 | Total | 173 |

### BATTING AVERAGES.

| | Total Runs. | No. of Innings. | Times not out. | Highest Score. | Average. |
|---|---|---|---|---|---|
| E. Barnett | 665 | 12 | 0 | 155 | 55·41 |
| N. V. H. Riches | 280 | 7 | 1 | 116* | 46·66 |
| J. S. Bookless | 500 | 17 | 3 | 81 | 35·71 |
| H. Simms | 407 | 16 | 3 | 104* | 31·33 |
| S. Wells | 103 | 9 | 5 | 50* | 25·75 |
| P. Smith | 249 | 11 | 0 | 84 | 22·63 |
| E. Morgan | 144 | 9 | 0 | 47 | 16·00 |
| A. M. Tolhurst | 175 | 16 | 5 | 48* | 15·98 |
| R. Willan | 189 | 13 | 1 | 71 | 15·75 |
| F. Kahlenberg | 40 | 5 | 2 | 15* | 13·33 |
| J. N. Bartlett | 115 | 11 | 1 | 28 | 11·50 |

* Denotes not out.

BOWLING AVERAGES.

| | Overs. | Maiden Overs. | Runs. | Wickets. | Average. |
|---|---|---|---|---|---|
| N. V. H. Riches... | 112 | 28 | 314 | 27 | 11·6 |
| A. M. Tolhurst ... | 33·5 | 3 | 142 | 11 | 12·9 |
| F. Kahlenberg ... | 191 | 48 | 521 | 35 | 14·9 |
| E. Morgan ... | 166 | 26 | 511 | 29 | 17·6 |
| G. N. Bartlett ... | 192 | 19 | 792 | 36 | 22 |
| R. Willan... ... | 77 | 8 | 396 | 15 | 26·4 |
| J. S. Bookless ... | 67 | 5 | 285 | 7 | 40·7 |

SEASON 1905.

Matches played, 17; won, 9; drawn, 1.

Scores of 100 or more:—

E. Barnett, 103 v. The Past.
E. Barnett, 155 v. Gravesend.
E. Barnett, 112 v. St. Bart.'s.
H. Simms, 104 not out v. The Past.
N. V. H. Riches, 116 not out v. University.

## SECOND XI. SEASON 1905.

The Second XI. have had a most successful season as regards club matches, having played 11, won 7, drawn 3 and lost 1. The three that were drawn were all in our favour, and the one loss against Old Olavians was solely due to bad fielding. In cup-ties we did badly, losing the Junior Cup, after having held it for two years. In the first round we beat London by 9 runs, St. Mary's scratched to us in the semi-final, and then Bart.'s beat us by 60 runs in the final. We were very unfortunate in having to play with four of our regular men away, whereas Bart.'s had out their strongest team. We hope the tables will be turned next year. Altogether we have played 13, won 8, drawn 3, and lost 2. These good results have been entirely due to the keenness of the men, who have put in a lot of time at the nets, and have always been ready to turn out at the shortest notice. C. E. Whelon is top of the batting averages, and L. G. Davies of the bowling.

BATTING AVERAGES.

| | Innings. | Runs. | Highest Score. | Times not out. | Average. |
|---|---|---|---|---|---|
| C. E. Whelon ... | 9 | 348 | 88 | 0 | 38·5 |
| T. R. Harvey ... | 12 | 334 | 61 | 2 | 33·3 |
| H. Archer ... | 4 | 128 | 50 | 0 | 32·0 |
| W. S. Digby ... | 10 | 253 | 57 | 0 | 25·3 |
| C. B. Ticehurst... | 5 | 66 | 23 | 2 | 22·0 |
| M. M. Munden ... | 6 | 94 | 37 | 2 | 18·8 |

In cup-ties Harvey was top with an average of 65·0, then Davies with 51·0, Digby 36·5, Archer 26·0, Whelon 25·0.

BOWLING AVERAGES.

| | Overs. | Runs. | Wickets. | Average. |
|---|---|---|---|---|
| L. G. Davies ... | 48·2 | 139 | 12 | 11·5 |
| W. S. Digby ... | 71 | 257 | 18 | 14·2 |
| C. B. Ticehurst... | 63 | 184 | 11 | 15·8 |

Also bowled—

J. T. Hicks, 10 for 66 ... ... ... average 6·6
E. Morgan, 6 for 51 ... ... ... ,, 8·5
F. Kahlenberg, 18 for 164 ... ... ... ,, 9·2
G. N. Bartlett, 7 for 82 ... ... ... ,, 11·7

H. Simms has played three times for us, making 134 runs, including an excellent 92 not out. E. L. Norton has played twice, making 85 runs, including 72 in one innings.

## GUY'S 3RD v. BRENTWOOD SCHOOL.

Played at Brentwood on Wednesday, June 14th. Scores:—

BRENTWOOD.—H. R. Kilson, b Ponder, 0; B. C. Boardman, b Ponder, 8; J. N. Farnes, b Ponder, 0; F. Buder, run out, 5; B. Robets, b Cockrem, 3; J. Gill, c Helm, b Ponder, 1; S. Sulley, c Rivers, b Ponder, 4; R. T. Stoneham, b Cockrem, 3; W. Mackay, c Ponder, b Cockrem, 2; H. Hough, b Ponder, 1; H. Jackson, not out, 2; Extras, 4.—Total, 33.

GUY'S.—A. H. Pickett, b Hough, 5; R. Ponder, c & b Sulley, 1; W. Ingram, lbw, b Sulley, 10; D. Reynolds, not out, 32; P. F. McEvedy, b Kilson, 1; A. T. Rivers, b Boardman, 24; G. B. Cockrem, b Hough, 5; Extras, 10.—Total (6 wkts), 88. W. P. Vicary, C. E. Mallison, J. Helm and L. L. C. Reynolds did not bat.

## GUY'S III. v. SEVENOAKS SCHOOL.

*Played at Sevenoaks, Saturday, June 24th.*

GUY'S.—F. Allisson, c Stephenson, b Pearson, 18; R. Ponder, run out, 19; E. L. Elliott, lbw, b Pearson, 0; J. L. Atkinson, b Welch, 14; G. Y. Thompson, b Pearson, 10; M. Munden, c Vignoles, b Welch, 8; W. T. Clarke, b Stephenson, 33; C. G. Morris, b Stephenson, 0; G. B. Cockrem, lbw, b Stephenson, 11; L. Milton, b Pearson, 0; W. P. Vicary, not out, 3; Extras, 14. Total, 130.

SEVENOAKS SCHOOL.—S. T. Radley, b Morris, 2; T. Rendell, c&b Morris, 5; D. Welch, b Clarke, 17; G. W. Stephenson, c sub, b Cockrem, 1; S. Pearson, c Allisson, b Clarke, 4; R. S. Rigby, not out, 8; H. Entwisle, b Munden, 8; E. W. Mawdsley, not out, 7. Extras, 11. Total (for 6 wickets) 63. H. Turner, M. Vignoles, G. Garraway, eid not bat.

## GUY'S III. v. NEW ELTHAM.

Played at Honor Oak Park, Saturday, July 8th.

NEW ELTHAM.—C. Jones, b Harvey, 77; B. Penford, b Ingram, 22; B. Wallace, b Harvey, 1; H. Haggerty, c Saunders, b Harvey, 12; W. Liddle, lbw, b Harvey, 22; F. Friend, c Saunders, b Harvey, 0; R. Wallace, b Harvey, 2; B. Murphy, not out, 35; F. Wilson, c Reynolds, b H. Munden, 2; A. Hale, b H. Munden, 13; T. Austin, run out, 3; Extras, 8.—Total, 197.

GUY'S.—W. Ingram, c Murphy, b B. Wallace, 20; D. Reynolds, b Wilson, 10; S. McK. Saunders, b Wilson, 1; G. Y. Thompson, c Haggerty, b Wilson, 18; M. Munden, b Wilson, 17; T. R. Harvey, lbw, b R. Wallace, 26; H. Munden, c & b Wallace, 11; W. E. Fox, not out, 11. Extras, 10.—Total (for 7 wickets), 124. A. H. Pickett, C. G. Morris, G. B. Cockrem, did not bat.

# Swimming and Water Polo.

SEMI-FINAL OF THE INTER-HOSPITAL TEAM RACE COMPETITION.

In this we were beaten by the London Hospital by half-a-length. We had a very weak team out, since

neither of the Alcocks, nor P. S. Price could swim. Team :—

H. N. Eccles, W. Dicks, V. Milton, T. B. Layton.

FINAL OF THE WATER POLO CUP TIES.

In this we drew with St. Thomas's, two goals being scored on either side. If it had not been for the goal-keeping of Eccles we should have lost. The re-played tie has been postponed until October. Team :—

H. N. Eccles (goal); M. E. Ball, S. McK. Saunders (backs); H. E. Alexander (half-backs); A. Alcock, W. J. Dicks, T. B. Layton (forwards).

## Lawn Tennis Club.

GUY'S v. BLACKHEATH.

This match was played at Blackheath on July 1st. We were without F. W. M. Palmer and M. Earle, Davies-Colley and Barker coming in. Sad to say, we lost by 4 events to 5. Score :—

Zorab and Adams lost to Card and Longstaff, 2–6, 5–7; beat Wilson and Atkins, 5–7, 6–2, 6–2; beat Cook and Anderson, 9–11, 6–3, 6–3. Orpen and A. S. M. Palmer beat Wilson and Atkins, 6–8, 6–4, 6–3; lost to Card and Longstaff, 2–6, 4–6; beat Cook and Anderson, 6–3, 1–6, 6–0. Davies-Colley and Barker lost to Cook and Anderson, 4–6, 7–7; lost to Wilson and Atkins, 0–6, 1–6; lost to Card and Longstaff, 0–6, 4–6.

GUY'S v. HAROLD.

This match was played at Honor Oak on July 8th. Score :—

Zorab and F. W. M. Palmer beat Bright and Eccles, 6–2, 6–1; beat Gibbons and Elliott Smith, 7–5, 6–1; scratch to Gibson and Green. Fothergill and A. S. M. Palmer beat Bright and Eccles, 6–4, 6–4; lost to Gibson and Green, 4–6, 2–6; beat Gibbons and Elliott Smith, 6–3, 7–5. R. Davies-Colley and Pinching beat Gibbons and Elliott Smith, 7–5, 6–4; beat Gibbons and Green, 8–6, 6–3; beat Bright and Eccles, 7–5, 6–3. Result—won, 6–2.

GUY'S v. THE PAST.

Though not what it used to be, this fixture was much enjoyed, as during the last two years the Past have not been able to raise a team. It was a half-day match and only doubles were played. We won rather easily. Scores :—

Zorab and F. W. M. Palmer beat E. W. Goodall and Stanley Rivers, 6–3, 6–2; beat H. Davies-Colley and Bruce, 6–2, 6–2; beat Lidderdale and Alcock, 6–0, 6–1. Orpen and A. S. M. Palmer beat Davies-Colley and Bruce, 6–1, 6–2; lost to Goodall and Rivers, 5–7, 2–6; beat Lidderdale and Alcock, 6–2, 6–3. M. Adams and R. Davies Colley beat Lidderdale and Alcock, 6–1, 3–6, 6–2; lost to Goodall and Rivers, 0–6, 1–6; lost to H. Davies-Colley and Bruce, 1–6, 9–11. Result—won, 6–3.

GUY'S v. KENT.

This match was played on Saturday, the 22nd July. Orpen disappointed us at the eleventh hour, but we found a very able substitute in Tolhurst. F. W. M. Palmer, was not able to turn out, so we were not at our full strength and lost by 7 events to 2. Score :—

Zorab and Adams lost to Dunn and Young, 5–7, 5–7; beat Winch and L. G. Davies, 6–4, 6–2; beat Carey and W. H. Davies, 6–2, 6–3. Palmer and Tolhurst lost to Winch and L. G. Davies, 6–4, 4–6, 2–6; lost to Dunn and Young, 3–6, 2–6; lost to Carey and W. Davies, 3–6, 3–6. Davies-Colley and Pinching lost to Carey and Davies, 3–6, 3–6; lost to Winch and Davies, —— ; lost to Dunn and Young, 0–6, 6–4, 1–6.

## Papers by Guy's Men.

The Scope and Limitations of Balneological Treatment. By A. Stanley Wohlmann, M.D. Lond.—*The New Zealand Medical Journal* for May, 1905.

The Wightman Lecture on Some of the Neuroses of Early Life. By Henry Ashby, M.D. Lond., F.R.C.P. Lond.—*The Lancet*, 22nd July, 1905.

Electro-therapeutics. By J. H. Bryant, M.D. Lond., F.R.C.P. Lond.—*The Clinical Journal*, 26th July, 1905.

Five Fatal Cases of Acute Mental Disorder, probably Acute Delirium. By Edwin Goodall, M.D., B.S. Lond., F.R.C.P. Lond.—*The Lancet*, 15th July, 1905.

A Case of Hydronephrosis and Renal Calculi in which sixteen small Calculi were detected by the X-rays, and in which the Hydronephrosis was due to Constriction of the Pelvis of the Kidney by an Artery and a Vein passing to its Lower Pole. By H. Morris, F.R.C.S. Eng.—*Ibid.*

Three Cases of Perforating Gastric Ulcer. By R. D. Mothersole, M.S. Lond., F.R.C.S. Eng.—*The Lancet*, 22nd July, 1905.

Some Cases of Surgical Disease. By L. A. Parry, M.D. Lond.—*British Medical Journal*, 15th July, 1905.

Prize Essay. The Treatment of a Strangulated Inguinal Hernia. By W. Sheen, M.S. Lond., F.R.C.S. —*The Practitioner* for July, 1905.

### Births.

CULMER.—On June 9th, at Nassau, Bahamas, the wife of J. J. Culmer, M.R.C.S., L.R.C.P., of a son.

JACKSON.—On July 21st, at Ashfield Road, Cheadle, Cheshire, the wife of T. Leonard Jackson, M.B., of a daughter.

### Marriage.

GIBSON—FLOWER.—On July 15th, at St. John's Chapel, Melbourne, by the Right Rev. Henry Lowther Clarke, D.D., Bishop of Melbourne, Frederick Goulburn Gibson, M.D., of Christchurch, New Zealand, to Dorothy Mary Flower, only daughter of James Flower, of Basildon, Bexley, Kent. (By cable.)

EDS.—F. W. M.-P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 449.] AUGUST 26, 1905. [SIXPENCE.

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## Passim.

FIVE months ago the Million Shilling Fund was opened, in the hope, perhaps, rather than in the expectation, that so large a sum would be forthcoming. The organisation of the Appeal entailed an enormous amount of hard work and considerable expense, but it was felt that in such organisation lay the only possibility of gaining any wide-spread support. So far the success which has attended the Appeal has remained very limited. Our own ardour in the pursuit of shillings has, perhaps, cooled a little, and at no time has there seemed any prospect of our enthusiasm affecting the general public. We hoped, in fact, to kindle a big blaze, and we are still left striking matches. In vacation time when a great part of Guy's Hospital is making holiday, scattered all over the country, opportunity of making known our Appeal should not be wanting. We look forward to seeing a large increase in the number of subscribers before the 1st of October.

ON Saturday, July 29th, at St. George's Hall, Langham Place, took place the Concert and Theatrical performance organised in aid of the Million Shilling Fund. The first part of the programme was devoted to a concert, and we have to thank both Mr. Julius du Mont and Mr. Nitschke for affording us a real musical treat. The second part of the programme was devoted to the production of Sydney Grundy's comedy "Snowball." The piece went without a hitch from start to finish. Mr. Reginald Hargreaves took the difficult part of Felix Featherstone with any amount of spirit, Mr. Rippmann was Uncle John to the life, while Miss F. L. Macfarlane played the part of Mrs. Featherstone most admirably in every way. Finally, may we be allowed to congratulate Miss Stuart on Penelope? Our heartiest thanks are due to all those who helped in the production.

WE publish to-day a letter from Dr. Hale White, in which he points out that we were in error when we spoke, in our last issue, of Keats having abandoned the medical profession without having taken a qualification. Keats, he tells us, became a Licentiate of the Society of Apothecaries. We fear that Passim is becoming sadly inaccurate. It is only a little while since we took grave liberties with Sir Samuel Wilks' age, thrusting upon him an additional 10 years of life, and now we have deprived poor Keats of his qualification—a qualification the gaining of which, perhaps, was as difficult and irksome to him as to many of his less distinguished

successors. It seems, too, that Keats was not quite the diligent student, note book in hand, that we pictured. We learn that to medicine Keats gave throughout, not indeed neglect, but his second best—if possible Oberon and Fairy Land, but if not, "when the dull brain perplexes and retards," the anatomy lecture—if possible the poet, failing that the apothecary. When Keats was a student the attendance on lectures—lectures delivered with great pomp and circumstance—was a great part of the business of the day. The art of lecturing and of listening to lectures had not yet been lost, crushed out of existence by the "requirements of examinations" and the resultant multiplicity of text books. Now-a-days the teaching of medicine has been so over-systematised that but little individuality is possible to the lecturer. We are all content, one after the other, to catch glimpses of disease through the same well-worn peep holes, and no longer feel the need of a showman. He would only keep us back.

At the close of the Session Mr. Fagge was made the recipient of a fitted travelling bag, subscribed for by the Students in the dissecting room, in order to mark their appreciation of his work there and his unfailing interest in their welfare while Demonstrator of Anatomy. The presentation was made in the anatomy theatre by the present Junior Demonstrator of Anatomy, Mr. H. Syms, and by his predecessors, Messrs. K. H. Digby and E. P. Minett, in presence of a large number of Students. Afterwards Mr. Fagge thanked them for their gift, and expressed his great regret at having to bring his work in the dissecting-room to an end.

In our last issue we published two letters, both of which, in very moderate tones, complained of a very gross piece of slackness on the part of those responsible for the conduct of the Guy's Hospital Rifle Club. Both letters asked for some explanation of a variety of anomalies which were alleged to exist. Up to the present no explanation, excuse or apology has been forthcoming. The responsibility, we believe, rests ultimately with Mr. R. G. Oram, although there seems some doubt as to the exact position which he occupies. At any rate he appears t be the accredited representative of the Rifle Club. We do not claim any right to interfere or condemn in the matter, but should Mr. Oram feel that he is able to disprove the assertions made, or to modify in any way the generally unfavourable judgment which has been passed on the management of the affairs of the Club, we shall be glad to publish anything which he may like to say on the matter. Those who have the privilege of serving the Hospital by holding the office of secretary or of treasurer to one or other of the various athletic clubs, no matter how unwilling they may have been in the first instance to accept such office, or how busy they may be in other ways, are thereafter responsible to the Hospital for the conduct of that club. We hope in our next issue to publish a letter of explanation from the secretary of the Rifle Club.

The Council of the Clubs' Union proposes to raise the subscription to the Clubs' Union from two to three guineas per annum. This proposal is made after mature consideration of the present financial position, and the probable future of the Clubs' Union. The Council considers that it is far better to raise the subscription than to starve the constituent institutions, and hopes that each member will agree in this view. It has also been found at other Medical Schools impossible to run a club at as small a subscription as two guineas.

We wish again to draw the attention of all concerned, and especially of the younger men, and of those who come to the Hospital for the first time at the beginning of next Session, to the Annual House Dinner, which has been arranged for the evening of Monday, October 2nd. The dinner will take place as usual in the College Hall, and will serve to inaugurate officially the work of the Session. Dr. Pye-Smith has kindly consented to take the chair, and in all probability Mr. Cosmo Bonsor will also be present. It is to be regretted that Sir Frederick Wills, whom we had hoped would be with us as the guest of the evening, is unable to be present. We would again impress upon all Guy's men the advisability of being present at the dinner. As was said in our last issue, the numbers present

have decreased very much during the last few years, and an effort is needed to revive what has always been considered one of the events of the hospital year.

The results of the recent final examinations for the M.R.C.S. Eng., L.R.C.P. Lond., are highly satisfactory so far as Guy's is concerned. Thirteen men completed the examination, and of these three took the whole examination successfully at the first time of asking.

At the end of this week the Boro' hoppers betake themselves to their hopping, it is to be hoped with the result of lessening the crowds in the front surgery. The temporary dearth of dressers is a somewhat serious matter, and nowhere are the effects felt more acutely than in the front surgery. A dresser is a person often maligned, but who, nevertheless, has distinct uses. The system of Take-in by which the front surgery is run, is arranged on the hypothesis that each firm has six dressers. With five, or when accidents occur, four dressers, it becomes an impossibility to have two dressers always at hand for duty, and the O.P.O. is thus dependent on the good nature of chance comers to provide him with a second dresser. To run the front with only one dresser is a difficult matter on a heavy day, and sometimes results in an undue amount of waiting on the part of the patients.

We quote the following from the "Referee." Guy's, we fear, is not in the fashion :—

DISHING THE DOCTOR.

A Society Sketch.

Scene : Outside a well-known Hospital.

Duke (*pushing his way through the crowd with a large bottle in his hand*) : Make way, please. I have to catch the 10.30 Scotch Express.

Marchioness (*with her handkerchief to her eye*) : My dear Duke, whatever brings you here ?

Duke : I want some cough mixture. They give you a large bottle here for nothing.

Marchioness : I thought you were off to the moors.

Duke : I go this morning. What is the matter with you, Marchioness ?

Marchioness : I was motoring, and a piece of grit got in my eye. If I had called in Dr. McFee, of Harley Street, he would have made a fifty-guinea job of it. I know him ! So I'm getting it taken out here for nothing.

Millionairess (*with baby in her arms*) : How these common people push !

City Magnate : Yes ; they are all medicine bottles and no manners. What is the matter with you, madam, may I ask ?

Millionairess : Oh, nothing. But my baby has been scratched by the cat, and I'm nervous about it. So I've brought it to the hospital. You see, if it's going to be a lot of worry I can leave it, and you can't do that if you go to an ordinary doctor.

City Magnate : Of course not. I have come to be fitted with new spectacles. My eyes are worrying me very much.

Lady from Park Lane : Could you tell me which door I go in at for cod liver oil ?

City Magnate : That. But you haven't a bottle. We have to bring our own bottles.

Lady from Park Lane : Really ! I must run home and get one. My motor is waiting round the corner.

Marchioness : Oh, dear ! (*She covers her face with her hands.*)

Everybody : What is the matter ?

Marchioness (*whispering through her fingers*) : One of my servants is in the crowd. I don't want her to see me here.

Lady from Park Lane : It is most inconsiderate of that sort of person to come to a hospital. I'm sure with the wages that servants get nowadays they can very well afford to pay a doctor.

(*The Out-Patients' doors open. Terrific rush.*)

Starving Doctor (*who is passing*) : What business they are doing ! And I have had to pawn my watch to pay my subscription to the *Lancet !*

## From the Gazette's Special Pathologist.

H. G. A., Nottingham.—No parasitic fungus could be found in the hairs.

G. E. H., Ramsgate.—This minute fragment has the characteristic structure of a columnar-celled carcinoma of the uterus. The uterine enlargement may be due to fibroid and cancer.

H. B., Mitcham.—The sputum contains a fair number of pneumococci and a few streptococci, but no tubercle bacilli are found.

A., Chadwell Heath.—The material sent for examination shows chorionic villi in a fair state of preservation, the epithelium covering them showing signs even of proliferation. It is probably the remains of the abortion of May last. There is no evidence of tumour formation, but if symptoms persist it would be advisable to curette the uterus.

W. L. W. M., Huddersfield.—This specimen of sputum is of thin consistency and comparatively free from pus. No tubercle bacilli are detected in it.

PATHOLOGIST.

# Hysteria.

CLINICAL LECTURE BY Dr. W. HALE WHITE.

November 5th, 1904.

(We are indebted to the Editor of the *Clinical Journal* for the shorthand notes of this lecture).

Gentlemen,—We have here two patients afflicted with hysteria. I have often talked about giving a clinical lecture on hysteria, but up till now I have fought shy of it, for it is a difficult disease to grasp and to represent clearly. But as we have two such excellent cases attending the hospital now I thought I would take the opportunity of trying to give you a clinical lecture on the affection. I think it will be best to first describe the cases, after which the nurse can take the patients away while I tell you something about the disease.

The patient who is sitting down is a girl seventeen years of age, who came into the hospital on the 23rd of last month. Her mother is a chronic invalid and suffers from nervous debility. We learnt that the patient began to get as you see her now three months ago. The movements which you see she has are much more violent when she is excited. We were also told that when alone she seems depressed, and says she often wishes herself dead. She takes no interest in things going on around her, does not read, she sleeps badly, her appetite is so poor that there has been considerable difficulty in getting her to eat, but—an important point—she has not got any thinner during the last few months. On the 23rd of October she arrived at the hospital accompanied by two doctors who brought her to Clinical ward for an opinion. When we saw her first she was sitting by the fire and continually swaying backwards and forwards as you see her now. Mr. Alcock has well described the movement in the report by saying it gives you the impression that she is constantly trying to row a boat; it is just like that, and it goes on continuously for hours at a time. These rhythmic rowing movements take place at the rate of about sixty to the minute. In addition there is a fine tremor in the hands. Beyond what I have told you there is nothing whatever the matter with her. She has no anæsthesia, no loss of power, her heart and lungs are healthy, and there is nothing abnormal about her urine. She is easily upset and readily cries.

This other girl many of you have seen, as she has been in the hospital for six months. I have brought her to you on account of her peculiar walk. She was in the hospital, you will remember, all last summer, and during the time she was here she had many very severe attacts of hæmatemesis. I will tell you more about these as the lecture develops. Also you may remember she went into a complete trance, which lasted for several days. So complete was this trance that she did not blink her eyes under the strongest light, but lay apparently totally unaware of everything that was going on around her, her eyes meanwhile being widely open day and night. Except that her heart was beating and her lungs just expanding, you would not have thought her to be alive. Since she has left the hospital she has developed this curious gait. And I want you to notice that it is not the gait of any known organic disease. It is not the gait of hip disease, and it is not that of any organic affection of which I am aware. She has been very carefully examined, but without any evidence being found of disease of the hip or thigh, or in fact any organic disease which would cause such a walk.

You will have noticed, gentlemen, that I have at once told you what is the matter with those patients, namely, that they are suffering from hysteria. And I suppose, therefore, the first thing that I ought to do is to try and convey to you something of what we mean by saying that a patient has hysteria. When I began to think about this lecture I naturally looked up the definition in a popular text-book. And I happened to pick up first Osler's Medicine, where you will remember that hysteria is defined, in the words of Möbius, as "A state in which ideas control the body and produce morbid changes in its functions." That does convey to us something of what the disease is, but it is not by any means a correct definition; for surely you are not going to say that everyone is hysterical in whom the ideas control the body and produce morbid changes in its functions. When I read that definition there came to my mind the famous picture which you can see in the Tate Gallery of the "Hopeless Dawn." Do you mean to say that because a young wife is sobbing at the table because as the morning breaks there is no sign of her husband's boat coming back, and she therefore naturally has the idea that he has been drowned, she is the subject of hysteria? Yet that is a case in which the ideas control the body and produce a morbid change in the functions, that is to say weeping. I do not think anybody would contend that the word hysteria ought to be extended to that degree. And not only does this definition cover too much, but it has the

serious defect that it does not define what an idea is; it merely attempts a definition by introducing a word which itself needs defining, which as you know is very fallacious. I think we had better not attempt a definition, but go over some points about the disease and so try to get some sort of picture of what it is.

In the first place, it has nothing whatever to do with the sexual organs. The name is unfortunate. It dates back to the time of Aristotle, when it was thought the womb moved about the body. In the next place, for a patient's disease to be hysteria there must be no organic cause for the symptoms produced. By that I mean that by no means of dissection, histological analysis, or chemical pathology, would it be possible in a hysterical patient to demonstrate after death that the body was in any way diseased so as to explain the symptoms. So for the case to be one of hysteria there must be no organic disease. In the next place the disease called hysteria is rarely, if ever, fatal. That is an important point to bear in mind when thinking about it. But there is a still more important point which I find it necessary to mention from having to see a good deal of you and helped to teach you, namely, that you must remember hysteria is not malingering. It is a serious error to get into your heads, that the hysterical patient is a malingerer. The hysterical patient believes in her symptoms. Both those girls think they have got a disease which leads to manifestations which you are able to observe. The malingerer knows perfectly well that he has nothing the matter with him. It is a cruel mistake to believe that the hysterical patient herself voluntarily produces her symptoms. It is cruel because if you get that view into your head you treat the patient cruelly as though she were an impostor. Neither of those women is an impostor. Therefore, do remember that distinction between malingering and hysteria; that the malingerer knows he is an impostor, whereas the hysterical person is not an impostor, but believes in her symptoms. Again, for the case to be one of hysteria the symptoms must not constitute a definite clinical picture. I doubt very much if you will see two cases of hysteria precisely alike. There are several diseases, for instance, paralysis agitans, epilepsy, and neuralgia, which have no morbid anatomy, but they are each such a distinct clinical picture that within certain narrow limits one case of paralysis agitans resembles another case of the same disease. But the limits of hysteria are so wide that a complete account of it is as yet unwritten. Another criterion which the case must fulfil for it to be one of hysteria is this: that the whole character of the patient, of the symptoms, and of the mode of recovery, must convey to anyone who is observing the case that the patient is deficient in what we call will power. You know the famous way in which Sir James Paget put it. He said that the patient says she "cannot," and her friends, not grasping what hysteria is, say "she will not," and the doctor, who does grasp what it is, says "she cannot will." Without embarking upon the difficult task of attempting a precise definition of "will," that sufficiently conveys to your minds what I want, namely, it indicates to you that the patient with hysteria is always deficient in what we call will power; and this deficiency in will power is probably the explanation of many of the so-called miracles by which hysterical people are cured, those at Lourdes for instance. The hysterical sufferers who go there by so doing are fortified in will power, so that they are able to throw off their illness; and if you will think of that aspect of hysteria you will understand the beneficial result of many of the pilgrimages about which we read. Then, too, this aspect of the disease reminds us of the essential distinction between hysteria and other functional disorders. For nobody would say, surely, that the man with paralysis agitans suffered from want of will power. The man with the strongest will power in the world, Napoleon for instance, was as likely to get paralysis agitans as was anybody else. But Napoleon was not as likely to get hysteria as anybody else. Another thing which I want you to picture to yourselves as necessary to the conception of hysteria, is that all hysterical patients are self-conscious; they are very self-conscious. That has frequently led to the belief that they are malingering, which is quite unfair. But the way in which that comes about is this: owing to the loss of will power the symptoms are at first quite unresisted. If you or I, supposing our will power to be up to the average, had some trivial ailment, we should no doubt resist it; we could probably cast from us all recollection of it. But neither of those girls whom you have seen have used that power even if they had it, therefore their symptoms were from the first quite unresisted. The unresisted symptoms soon attract attention. The first girl you saw has been fussed about; two doctors brought her to the hospital, and her friends, we are told, cannot control her; that sort of thing attracts attention. Therefore it is easy to see that she slides from the condition in which her symptoms were unresisted to the condition in which they are

actually welcomed because they attract attention, and it is a very short step downwards from that to the state in which they will not only be welcomed, but actually recalled when there are plenty of people present from whom she can attract attention. That is borne out in this girl's case; if she is not noticed—and sometimes she is hardly looked at for a whole day—all that violent swinging movement which you saw stops; but if we go to watch her it comes on again. But still she is not malingering; she really believes herself to be ill; and if we treat her as a malingerer we treat her cruelly.

So far I have not attempted to give you any explanation of hysteria. I do not think that at present any satisfactory explanation of it can be given, but that does not by any means prevent our trying to find one. And I think a very fair working hypothesis—although one which is open to many objections—is that given by Myers in his book on "Human Personality," which, if you are interested in these things, I should firmly recommend you to read, because it is such a fascinating book. Those of you who have read the book will remember that he supposes—and thereupon tries to explain many things, such as hysteria, hypnotism, trance, and somnambulism—that we have two selves—or shall we say rather two parts of one self?—the higher of which he calls the supraliminal self, that is to say, the self above the threshold, and that is our ordinary selves, our personality. It is all that we are usually aware of unless any of us are diseased. You are only aware in the ordinary way of that which would be called your supraliminal self. For instance, Myers speaks of "that supraliminal current of consciousness which we habitually identify with ourselves." But then he supposes that there is a subliminal self, in which take place a number of mental processes of which our supraliminal is not ordinarily cognisant at all. And he would go on to say that in hysteria the supraliminal self, either wholly or partly, is in abeyance, and therefore the processes in the subliminal self come up, so to speak, being no longer overshadowed and kept down by the supraliminal self. To go back to our cases, the first would be explained by supposing that the reason that girl rocks to and fro is because her higher consciousness, her supraliminal self, being dormant, she originally did not properly resist the swaying movement when it began to develop, and consequently it has been allowed to progress, to come up from the subliminal self, to become the prominent action which we see. That view is believed to explain several undoubted facts. For instance, there is the very well-known and interesting observation that the hysterical person is unconscious of her anæsthesia. That is a very striking thing. When persons are anæsthetic from organic disease they soon discover that they cannot feel; but the hysterical girl is never aware of her anæsthesia at all until it is pointed out by the person who discovers it. Turning again to Myers' terminology, she is unconscious that she is anæsthetic because her supraliminal self, by which she would be conscious that she is anæsthetic, is dormant, and therefore she cannot be conscious that she is anæsthetic. Again, hysterical anæsthesia very rarely, I may say never, leads to any accident. It is notorious, for instance, that people with syringomyelia get burnt, because they do not feel heat or pain, but the sufferer from hysterical anæsthesia never gets burnt, and it has been supposed by Myers that the reason is that there is an exaggerated subliminal consciousness which prevents the hysterical person from burning herself, but that that is entirely subliminal, and she is unaware of there being any such consciousness. But in a gross organic disease, such as syringomyelia, the supraliminal self is there all the same, but it cannot receive impressions of heat and cold from the periphery, and so the part gets burnt. Two very pretty experiments bearing on this are mentioned in Myers' "Human Personality." There is the case of a girl who had hysterical contraction of her fields of vision, an abnormality which is very common, so that it was only in the centre of either field of vision she could tell that there was anything to be seen, she also was very liable to hysterical fits. A fit was brought on by a bright light, but a fit was produced by a light when it was thrown into a part of the field of vision in which she could not see. I think you follow me. Her supraliminal self was only conscious of the light when it got into the centre of the field of vision; her subliminal self was, if I may use the phrase, conscious of it, when it fell on any part of the field, and not only so, but the presence of the light produced the fit when the light fell on the outer part of the field of vision. Here is another case given of a subject who had hysterical peripheral contraction of the fields of vision and also fits, and the sight of a mouse would bring on a hysterical fit. A stuffed mouse was taken and brought slowly into the field of vision, and the stuffed mouse caused a fit, long before the image of it got into that part of the field of vision of which the supraliminal consciousness

was aware. That is to say, that the hysterical fit was induced by the mouse before the patient actually saw the mouse in the centre of her field of vision as the mouse was brought towards her.

I think very likely I have failed, but I have done my best to convey to you what I try to picture to myself as something of the state of mind of a hysterical person.

Now we will pass on to a perhaps less interesting but more practical part of the disease. In the first place, with regard to the etiology. Hysteria is strongly hereditary. The mother of the girl whom you saw sitting down is a chronic neurotic invalid, and it is necessary for you to remember that other neuroses often occur in the family. For instance, a girl may be hysterical, her father may have epilepsy, or her mother may be insane. But a neurotic history is very commonly present. Another thing which bears very much on the etiology of the disease is the upbringing of the child. If a child is brought up by silly parents who leave her mind more or less vacant and blank, that is to say, if they do not, in Myers' terminology, develop her supraliminal self, she is just the sort of silly, vacant-minded, idle girl who will become hysterical. Illustrating this, and showing how unfortunate some children are in their parents, I remember I had been seeing a girl with bad hysteria, and one day her mother turned up. I asked her what I could do for her, and she said what troubled her was that she could not sleep. I said, "Why cannot you sleep?" "Oh," she said, "my bedroom is under my daughter's, and my daughter has a pet dog which sleeps on the foot of her bed, and in the middle of the night that dog gets up and jumps on the floor and wakes me up. Now, what should you do in a case like that?" Who could wonder at the girl being hysterical when she had such a fool of a mother? Another frame of mind which easily leads to hysteria, and one of which history is full of instances, is the mind which dwells too much upon one subject; that has often been so in the case of some monks and nuns, and other men and women who have thought that the right kind of life was to dwell on one particular subject.

It has been much discussed whether leading a child's mind to dwell almost exclusively on book learning may not lead to hysteria, and while I think the danger of this is exaggerated by some people, I believe that sometimes you will come across girls in whom the continual grinding for some examination, and thinking they must do it, and having no other idea before them, has led to hysteria. But it is important, in regard to this dwelling on one idea as a cause of hysteria, to bear in mind that on the whole intellectual causes for hysteria are rare. It is possible that over-working for examinations may have produced it, but it is unusual for such to be the case. It is emotional causes which you generally find at the bottom of the trouble. For example, I remember reading of the case of a woman who was badly hysterical after her husband had a fatal attack of hæmatemesis the night after their marriage. A severe frightful emotional cause such as this is just the thing to bring on severe hysteria. Depression of general health will also undoubtedly help to bring on the condition. If you are a family doctor and you suspect that the girls of any family are likely to become hysterical, make a point of their being in the best general health, and make them take active exercise and be out of doors as much as possible.

The next point, namely, that organic disease, especially of the nervous system, predisposes to hysteria, often leads to great difficulty, for you will come across cases in which it requires all your acumen to separate the symptoms due to organic trouble from those due to superimposed hysteria. Probably none of you remember—as it was some years ago—a lecture I gave on a case of cerebral tumour in which this difficulty was strikingly shown. I was able to show you the cerebral tumour on the plate, so there was no doubt about organic disease. Besides, the patient had double optic neuritis. One day she had hemianæsthesia and the next day it was gone, and anæsthesia was present on the other side. She was in the hospital on and off for two or three years, and her report contained many diagrams of her varying state of hemianæsthesia. These were hysterical symptoms superadded to the organic symptoms of her brain disease. When you come to think of it, it is not surprising that when the brain is upset by the presence of a tumour, that hysterical symptoms should develop.

I mentioned just now that these patients were always self-conscious, and a morbid self-consciousness and a morbid vanity are often noticed as predisposing to hysteria. Another thing which predisposes much to hysteria is the kind of friends the patients have. I have no doubt that these girls' friends are foolish sympathising people. You do not often find hysterical people in a family in which the brothers and sisters and father and mother are sensible people, who do not sympathise with every fad which may present itself.

In connection with etiology, two things which are often discussed in books ought to be mentioned. First of all, how far disease of the sexual organs has to do with hysteria. I have already briefly mentioned this. Personally I cannot call to mind a single case in which organic disease of the sexual organs had had anything to do with the condition. The degree to which that is supposed to be the cause of hysteria is greatly exaggerated. It is true that dwelling upon disorders of the sexual organs will bring on nervous trouble, such as melancholia, but not, as a rule, hysteria. The nearest case of the kind which came to my mind as I was thinking over this lecture was not one of disease of the sexual organs, but the case of a woman who married a man totally against her own will. She refused to sleep in the same room with him. She got into a hysterical state, probably through wondering whether she had a right to do so and have no children. Many people who have paid special attention to this have published figures which show that what I say is correct, that disease of the sexual organs has rarely anything to do with hysteria.

This disease has been said to spread from person to person. We do not see that nowadays, but our ancestors did, as I will tell you, in years gone by. We do not see here in the hospital that hysteria spreads in the wards. The last thing about the etiology which I would mention is that it is far more common in women than in men, and usually comes on at the age of from fifteen to thirty-five. If it occurs in males it is usually in boys.

The type of the disease, it is interesting from a historical point of view to remember, varies very much at different times, but it does not vary very much in the lifetime of any one doctor. You know that in the Middle Ages, between the years 1300 and 1400, it took the form of the dancing mania. This broke out at Aix la Chapelle, whither it was probably brought from Germany, and spread thence down the towns on both sides of the Rhine, and in Metz at one time there were 1,100 people affected with it. Thence it spread into Italy, where the notion was started that it was due to the bite of the tarantula, and hence it came to be called tarantism. One form of it was supposed to be capable of cure by visiting the shrine of St. Vitus, and hence it was called St. Vitus' dance. Then that name got transferred to chorea. The symptoms were very striking. For instance, they are described thus: "Men and women, united by one common delusion, exhibited to the public, both in the streets and in the churches, varying strange spectacles. They formed circles hand-in-hand, appearing to have lost all control over their senses, and continued to dance, regardless of the bystanders, for hours together in a wild delirium, until at last they fell to the ground in a state of exhaustion. And then they complained of extreme oppression, groaning as if in the agonies of death, until they were swathed in clothes bound tightly round their waists, upon which they again recovered and remained free from complaint until the next attack came on." I have brought down for you to see afterwards a copy of an old print in which there are some people depicted afflicted with this dancing mania. This form of hysteria has passed away from Europe, but it is interesting to hear that it, or one very like it, still exists in Abyssinia. It is an interesting fact, because Christianity early spread to Abyssinia, and then became isolated by the Mahommedan countries all round, and you have there now the religious hysterical diseases of Europe in the fourteenth century.

About 150 years ago you will remember hysteria was called "the Vapours," and for the form it at that time assumed it was a very good name. It was quite different from the dancing mania. Most of the young women of that period suffered from the vapours; it was considered a very fine thing to suffer from it, and the novels of that time have many descriptions of people suffering from the vapours. The best description out of general literature I could call to mind when I was thinking of this lecture was a print by Bartolozzi of one of Bunbury's pictures, in which there is a girl in the typical position, languishing back and being held up by two other women, and these verses from "Lucy of Leinster" are under the print:—

> Of Leinster famed for maidens fair
> Bright Lucy was the Grace,
> Nor e'er did Liffy's limpid stream
> Reflect so sweet a face.
>
> Till luckless love and pining care
> Impaired her rosy hue,
> Her dainty lips, her damask cheek,
> And eyes of glossy blue.
>
> Ah! have you seen a lily pale
> When beating rains descend?
> So drooped this slow consuming maid,
> Her life now near its end.
>
> —"Colin and Lucy."

That fairly well describes the type which hysteria took at that time. Nowadays, in England, the most common symptoms of hysteria are loss of sensation and motion, paraplegia and hemianæsthesia and hysterical

hemiplegia. These are all common symptoms of hysteria. In France you will remember that quite recently, and even at the present time, the disease often takes the form known as hystero-epilepsy, of which I have only once seen a genuine case in England, though I have seen several in Paris. These patients exhibit the most extraordinary contortions, and I show ou here many pictures of them. Almost the only cases occurring in England for which you could use the word hystero-epilepsy are those in which a patient who has epilepsy has hysteria too, and it is important to bear in mind that the two diseases may co-exist, because forgetting this may lead to very considerable difficulties of diagnosis.

As you know, in practice when you see a case of hysteria you see usually a girl who says she cannot move, who is bedridden, and is unable to move her legs. And when you go into her room you will notice that she has taken to her bed with much the same preparations as you would take up your abode in a room which you knew you could not get out of for some years. The bed is always perfectly tidy and neat, there is a shaded electric light, perhaps put in for the occasion, and so arranged that the light will fall in any direction, there is an electric bell fixed handy for the patient; I have seen four or five bells in a row to ring for different servants; and a table has been brought upon which flowers have been placed, and a book-rest, and a rest for meals; indeed it is evident that the patient has laid herself in for an illness of several months' duration. The room is always sweetly pretty, and may have been decorated for the occasion. And in this pretty bed will be lying a girl who says she cannot move her legs at all. There are a few things which I should like you to notice about that girl when you go to the bedside to examine her. In the first place you will notice that though she cannot move her legs they have not wasted much. That is very important. You know that in every case, say of fracture, you can see that muscles waste if they are not used. If you have a battery you find no reaction of degeneration in the paralysed muscles of the hysteric. You will also notice it is strange that while her two legs may be paralysed, or in another case an arm and a leg may be paralysed, it is exceptional for all four limbs to be paralysed in hysteria. Another strange thing is that it is quite exceptional for one limb only to be paralysed; hysterical monoplegia is excessively rare. You go on examining the girl and find that although she cannot move her legs her reflexes are present, which is an important diagnostic sign. Supposing she is hemiplegic, you will at once observe that the face is not affected, but it is affected in most cases of organic hemiplegia. If, again, you observe her very carefully you will notice that the paralysis is rarely absolute; she can move the limbs a little, and she will probably tell you that the condition came on suddenly. You will also notice that not only is the facial nerve spared, but virtually paralysis of any cranial nerve is unknown in hysteria, except that very occasionally the lids of the eyes are paralysed. Although in one sense the recurrent laryngeal nerve is a cranial nerve, I was not including that in what I said, because, as you know, hysterical paralysis of the adductors of the larynx, so that the vocal cords are widely abducted, is one of the most common of hysterical phenomena.

But your patient may not be of the paraplegic type, but of the spasmodic type, like the girls we saw here. The varieties which the spasmodic form may take up are so many that I cannot tell you much about them in detail. As a rule they are not difficult to diagnose. The extraordinary thing about these spasms is that they do not tire the patient. The girl you saw will go on with her movements all day and yet not tire.

In thinking about this condition it is necessary to have always in your mind the points of distinction between hysterical and epileptic fits. You know the typical hysterical fit always looks purposive, and the movements are such as might have been expected if they were purposive; not that they are. And you know that there is a clonic stage, but not a preceding tonic stage, as there is in a true epileptic fit. And the hysterical girl's pupils do not dilate; there is no froth, saliva or blood coming out of the mouth. It is helpful in diagnosis to remember that an epileptic series of convulsions hardly ever lasts more than three or four minutes; generally much less, while an hysterical attack may last fifteen minutes or more.

Another form of hysterical muscular movement is rapid respiration. In an adult hysteria produces more rapid respiration than any disease. I have counted respirations 120 in hysteria. Hysterical patients often have an hysterical cough, but you can always notice in connection with that that it does not distress them. It distresses their friends horribly. Hysterics may bark all day, but they go through life as if they were perfectly well; they do not expectorate anything. Hysterical nystagmus is unknown.

There is a sensory group of symptoms, and it is very necessary, in thinking of the hysterical

anæsthesia, to remember that it usually has a fancy arrangement. It never follows any known anatomical distribution. For instance, if the patient has anæsthesia in the leg, the area involved will be terminated by a horizontal line round the leg, or if it is a patch on the body it will have a geometrical form; it will not correspond to any known anatomical or physiological distribution. If it is hemianæsthesia the loss of sensation often does not extend to the middle line at the back, although it extends to the middle line in front. Again, as showing that the loss of sensation has no anatomical distribution, when there is hysterical amblyopia, which is a common condition, the lids are often insensitive as well as the retina. All this is interesting when thinking about what the disease means, because it shows that it is not an organic disease, which, indeed, we never suspected, but it also shows clearly that there is a perversion of some intellectual conception. Most people are not anatomists, and in the last-mentioned case, for example, the patient seems to have the conception that if her eye is anæsthetic to light, the eyeballs and eyelids should be anæsthetic to touch; she is unaware of the anatomical difficulties of such being the case. These subjects of hysteria, again, never have hysterical hemianopia; it is unknown amongst them. If the hysterical girl loses sight, it is more or less complete amblyopia. You know organic cerebral disease hardly ever produces amblyopia; it nearly always causes hemianopia. The hysterical girl has tender spots, and the most tender of all is about two inches along a line adjoining the anterior superior spines, and if you press there you are generally said to be pressing on the ovary. But you know that the healthy ovary lies well down in the pelvis. Other common spots of tenderness are down the spinous processes, and there is also tenderness just below the nipple, so that these patients often think that they have cancer of the breast. Sometimes it is not only anæsthesia or the tender spots which they have, but they are hyperæsthetic, for instance, to light; and there is no doubt sometimes they can see things which we cannot see, just the same as they can hear notes sometimes which we cannot, on account of their auditory sense being unduly exaggerated. In connection with loss of sensation, it is interesting to notice that the hysterical girl who is completely anæsthetic in her hands, often holds her knitting needles well and can knit well. You can run pins into anæsthetic areas of hysterics without their feeling it at all, and the pin pricks often do not bleed.

We cannot for want of time describe the visceral symptoms of hysteria, but I will tell you a few facts about them. It is wonderful to notice how life may be supported even if there is vomiting. I have known a woman vomit perpetually every particle of food, apparently, for a month, and not waste very much. And the hysterical vomiting may occur from any part of the intestine. An enema has been known to be vomited on many occasions within ten minutes of its being given, suppositories have also been vomited after the same interval of time, and to prevent deception, methylene blue has been mixed with the enema, and then the whole bulk of the blue enema has been vomited in ten minutes, although the patient has been carefully watched the whole time. The abdomen has often been opened under the idea that there must be a connection between the stomach and the intestine for this to happen, but no such connection has been discovered.

There is no doubt whatever that hysterical hæmatemesis may occur. That has been proved, I think, by well-recorded cases, and I believe that the hæmatemesis in the girl you saw is hysterical. These hysterical people often get retention of urine. Suppression of urine, however, is very rare. It is common for the subjects of hysteria to pass a quantity of pale dilute urine, and, as you know, they frequently suffer from palpitation and from what is known as globus hystericus. Occasionally their temperature is raised. Undoubtedly hysterical temperatures do exist, but they are very rare, and generally speaking direct fraud is practised by friction of the thermometer, so that the mercury is made to rise. As I pointed out to you, these patients are often emotional, and laugh and scream a good deal, and as you know, they frequently become mental cases and drift into asylums.

Now a few words with regard to treatment. In the first place, hysterical patients must have no sympathy at all from their friends. We have put the girl you saw in the alcove in Miriam ward with screens round her, and nobody pays any attention to her hysterical symptoms, and she is getting better fast. These patients must have abundance of good food, and you must get rid of their friends generally if they are of the sympathising kind. The girl in Miriam ward would never have got well if she had remained at home. Never fuss these patients, but, on the other hand, never regard them as malingerers; you can only come to grief if you do. Hysteria is a real disease. I often think that hysterical patients are better for taking an effervescing

mixture of valerian and asafœtida. Disgusting as it is, they drink it up, and they seem to be better for it; they think that a medicine will do them good, so it probably does by suggestion. A few cases are suitable for the Weir Mitchell treatment. I will not attempt to describe it to you now, but I would point out that it is often tried in most unsuitable cases. It is no good to give the Weir Mitchell treatment if the patient is drifting towards becoming a mental patient; it is no use if the patient is very fat, and I do not think it is much good for the commoner cases, in which there is marked loss of power, say in hysterical paraplegia, or again in cases of marked loss of sensation, as in hysterical hemianæsthesia. The ideal case for the Weir Mitchell treatment is the wasted girl, the patient who has slowly wasted to a shadow from constant vomiting and inability to take her food. If she is properly treated by the Weir Mitchell form of treatment she will be well in about six weeks. I cannot now possibly go over with you the points of the diagnosis of hysteria from organic disease, but I hope that having gone over the disease itself we have incidentally mentioned many of them. But do remember, as I have pointed out to you, that it is frequently associated with organic disease. Never forget that you must distinguish it from malingering, and please remember that the most respectable people may malinger in the most extraordinary way. I remember a girl whose life was apparently a bright one; she went out a good deal and won prizes at croquet tournaments. She had an extraordinary rash on nearly the whole of her trunk and limbs. It was quite unlike any skin disease I have ever seen. And if you had seen the girl, her parents and her general surroundings, you would have agreed with me that it was a serious diagnosis to say that that girl voluntarily produced the disorder. We never found out how she did it, but we found out that if we put plaster of Paris, say on one leg, she never got any rash there, nor was it ever observed where the hands could not reach, but it continued in the places where the plaster of Paris was not put. To make a long story short, we proved that she did cause the skin eruption in some way or another; probably she made the superficial ulcerations with scissors, and then stained them a peculiar colour, but what with we could not discover. I remember a nurse who said she had a tremendous pain in the rectum; and when examining her I put my finger first into the vagina and drew it away and found there was blood on it. I then washed it and put it into the rectum, and there was blood on it. Now I do not know any disease which will cause blood in both the rectum and the vagina, except a large growth, so I suspected, what turned out to be correct, that she scratched the vagina and the rectum to make them bleed; and we found out afterwards that she had let herself be operated upon and have her kidney explored because she malingered the symptoms of stone. Later she said she could pass no urine. We detected that she malingered by finding urea in the water in which she had washed. No nurse ever found out how she did it, but she managed to pass her urine in the basin which she was given to wash her hands in. The most difficult malingerers you have to deal with are those who have an organic disease and malinger to excite sympathy. I well remember a man who came in here who had cirrhosis and used to vomit blood, and the moment he vomited blood he threw himself down in the street malingering an epileptic fit, and he always got admitted into Clinical ward because of the very interesting association of profuse hæmatemesis with supposed epilepsy.

I may conclude by reading you an extract from Fielding's "Amelia," which will show you that in his time, as now, hysteria was a serious disorder:—

"These fatigues, added to the uneasiness of her mind, overpowered her weak spirits, and threw her into one of the worst disorders that can possibly attend a woman; a disorder very common among the ladies, and our physicians have not agreed upon its name. Some call it a fever on the spirits, some a nervous fever, some the vapours, and some hysterics. 'Oh, say no more,' cries Miss Matthews, 'I pity you, I pity you from my soul. A man had better be plagued with all the curses of Egypt than with a vapourish wife.'"

And I am not sure that, provided the wife is very vapourish, Miss Matthews was not correct.

# THE HOSPITAL APPEAL.

## Tenth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 50,685 | 14 | 0 |
| Robert I. Tidswell, Esq. ... ... ... | 50 | 0 | 0 |
| W. B. Gibbins, Esq., per Dr. J. J. Nason... | 26 | 5 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 23rd inst.) ... ... ... | 221 | 10 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £50,983 | 9 | 6 |

# Tales of Old Guy's.

## I.—The Great Libel Case.

In our medical history the year 1828 is memorable for many things. A mere glance through the professional journals of that date is sufficient to see that. The Edinburgh tragedy of the body snatcher, Burke, which led to the Parliamentary Commission, and subsequently to the Anatomy Acts, ran that year; the establishment of many medical societies dates from then. To us Guy's men, not the least memorable event is the great libel case of Cooper versus Wakley.

In the *Lancet* office, in the Strand, stands the bust of Thomas Wakley, reformer, philanthropist, and journalist, and surgeon also. One has but to look at it to see what manner of man he was; a strong individuality, physically and morally, Quixotic, perhaps, as most reformers are, running full tilt against what he conceived to be abuses, a radical of the radicals, the friend of Cobbett, the sworn foe of the "unholy system of nepotism and hole-and-corner régime" at Guy's. Now-a-days we can look back with equanimity on what he said and wrote about us. The abuses are there no longer. The firm of Cooper, Key, and Cooper, general manager Benjamin Harrison, no longer exists, and with the impartiality that belongs to the historian we calmly review the great libel case, without running the risk of being struck off the roll of perpetual students of Guy's for having dared to do so.

On the 12th of December, 1828, in the Court of King's Bench at Westminster Hall, Lord Chief Justice Tenterden, with a special jury, sat to hear the famous case. The contemporary journals give us glimpses of the state of excitement which prevailed. Judge and jury had to fight their way into court, the latter plaintively clamouring for armed assistance to keep the crowd back. Full prominence had been given to the issues. There had even been a question of a personal encounter between the parties, for the ancient absurdity of arbitrament by pistols was not yet extinct. Consequently the court was crowded, and it is on record that half the medical men of London neglected their patients that morning to attend the trial. On the bench beside his lordship were the Governors of Guy's, except their president, Mr. Thornton, who had querulously refused to attend on the ground that "Harrison manages all these things." There was Sir Astley himself, Brodie and Green of St. Thomas's, Ashton Key, Callaway, and a score of others, the body of the hall being filled with students and practitioners "who had struggled in, to the indignation of respectable people." On the counsel bench was Wakley, supported by his counsel, Pollock, afterwards Sir Jonathan Pollock, the poor Cambridge student, who was destined to become one of the great lawyers of the English bar, and Brougham, of whom legal history has nothing particular to relate. Wakley had decided to conduct his own case, and they had therefore nothing to do, and as events proved he had little to learn from them. On the other side sat the plaintiff, Bransby Cooper, with the handsome Sir James Scarlett, the first lawyer of the day, afterwards Baron Abinger, a man who had thrown up his brief for the defence of Queen Caroline, and who was supposed to have Lord Tenterden with him in every case, and to have a more lucrative practice than the great Sir Astley himself. His junior was young Kelly, later on to be remembered for his brilliant defence of the poisoner Tavell, and for his skilled handling of the Orsini case, a rising young lawyer who at that time already made his ten thousand a year.

The action was brought by Bransby Cooper, who had succeeded his uncle as surgeon at Guy's, against Wakley, the editor of the recently started *Lancet*, for a libel published in that journal. Reading it now, one is surprised that so gentlemanly a man as Wakley ever printed such an article as that complained of, but in view of the fact that at that time professional journalism was not so fine-mouthed as now-a-days, one can easily imagine how it came to be set up for the *Lancet*. It was a report of an operation at Guy's, a lithotomy performed by Bransby Cooper, and performed in a manner that the reporter thought fit to describe in a semi-comic way. Here is an extract:—

"Act 1. The patient, a labouring man from the county of Surrey, thick set, ruddy and healthy in appearance, 53 years of age, was placed on the operating table a few minutes past one o'clock on Thursday. The ceremony of binding the patient we need not detail. The straight staff was introduced and held by Mr. Callaway. The first incision appeared to be well and fairly made, and after a little dissection the point of the knife was fixed (apparently) in the groove of the staff and carried onwards somewhere. A small quantity of fluid followed the withdrawal of the knife, and for some time the forceps were attempted to be introduced, but without effect. 'I must enlarge the opening,' said the operator, 'give me my uncle's knife.' This instrument was given and a cut made with it without introducing the staff. The forceps were used with a great amount of force, but again unsuccessfully. 'It's a very deep perinæum,' exclaimed the operator, 'I cannot reach the bladder with my finger.' . . . . Act 11. Staff reintroduced and cutting gorget passed along it—various forceps employed—a blunt gorget—sounds and staves. 'I really can't conceive the difficulty—hush, hush, don't you hear the stone? Dodd (turning to a demonstrator), have you a long finger? Give me another instrument. Good God, I can hear the stone, but when I pass the forceps they won't touch it. Oh dear, oh dear.' . . . . Such were the hurried exclamations of the operator. Every now and then there was a cry of 'Hush,' which was succeeded by the stillness of death, broken only by the horrible squash, squash, of the forceps in the perinæum, and the 'Oh, let it go—oh, keep it in,' of the poor man. This act lasted upwards of half-an-hour. . . . . The man was finally put to bed, much exhausted. He passed a restless night, in great pain, and died 29 hours after the operation."

This astonishing article had been followed up by Wakley with a leader, in which he specifically accused Cooper of incompetence, and demanded that the public had a right to expect that the surgeons of a great public institution like Guy's should be competent men. Moreover, he had permitted a rather scurrilous epigram "On a patient who suddenly decamped from Guy's to St. Thomas'" to appear in his paper:

When Cooper's nevey cut for stone
His toils were long and heavy:
His patient quicker parts has shown,
He soon cut Cooper's nevey.

A couplet which appeared to give the plaintiff more indignation than the whole libel itself. For all this Bransby claimed £2,000 damages. In reply Wakley justified himself on the ground that it was a bonâ fide report, printed in the public interest, and also that the allegations were true.

After a preliminary argument on legal points with Sir James, in which Wakley showed that he was a match for the learned K.C., the defendant commenced his case. He called Dr. Partridge, F.R.C.S., who had been present at the operation, and who declared that "he would be hanged if he knew" why the operation was so much muddled. It had taken nearly an hour, whereas the average time for its performance should have been five minutes. Under cross-examination the witness declared that the stone, even in an empty bladder, might have been fixed above the pubes, a reply which confused Lord Tenterden for some time, who wanted to know "how on earth it was that it had not dropped down?" Next came an interesting young man, Clapham, L.S.A., who stated that he had only seen half a dozen operations in his life, and only one lithotomy, the case in question. He declared that there were about 200 students present at the operation. Under cross-examination Sir James drew from him the fact that he was not yet twenty-one, and that he had given a false certificate in order to get his diploma. Mr. Gilbert, M.R.C.S., the next witness, had only been present for thirty-five minutes. Then the yells of the poor patient had so upset him that he had incontinently fled. He considered that the operation had been atrociously badly performed: had seen it done under a minute. Mr. Thomas, "Demonstrator of Anatomy at Deans School in the Borough," was of the same opinion. He did not consider Cooper an able surgeon. Questioned by Sir James, he said he thought tying the subclavian artery rather a "stiffish" operation: would not go so far as to say that the man who did it was necessarily a good surgeon. Any man might be able to tie the subclavian by accident. James Lambert, M.R.C.S., of three years' standing, who had written the original report, gave evidence in extenso, considerably confusing poor Lord Tenterden by his wealth of anatomical detail. He thought himself a better surgeon than Cooper—certainly: had no malice against Cooper: admitted that Cooper had once ordered him out of the hall at a Guy's dinner because he had refused to drink the health of the Council of the Royal College. Finally came Harrison, an unwilling witness, from whom Wakley extracted the fact that Cooper had no testimonials, as it was never the practice of Guy's to demand such. They elected their surgeons from personal knowledge. Sir Astley had nothing to do with the appointment. This closed the case for the defence. For the plaintiff, Sir James commenced with an able speech in which he amused the jury and put his lordship, already considerably ruffled by Wakley's rather insistent leading questions, in a good humour by relating the story of the clergyman who, wanting to preach against topknots, cast about him for an appropriate text and finally took, the sentence "Let him who is on the house-top not come down," making it into the simple command "Top-not come down." He called Callaway, who gave more anatomy, interlarded with a large amount of personal remarks. Callaway was very decided. Denied a stone could be encysted; might be lying loose in a fold of mucous membrane; certainly no man could tie the subclavian by accident—rubbish, whatever anyone else might say. Then Ashton Key, who was equally positive that a stone could not be encysted, nor could it be attached. It might be covered by a fold of the bladder—had himself written a book on lithotomy, and was an authority on the subject. Cross-examined: When he had published the book he had only performed three operations; considered Cooper a scientific surgeon; a man could not be a good surgeon without being scientific; if a surgeon had good reason for what he did, witness would consider him scientific; did not think the operation was so very tedious; had seen Cline do it in an hour and forty minutes, and fail to extract the stone; had seen Sir Astley mess about with a small stone for more than an hour; did not think either case proved incompetence on part of operator. Next Dr. Hodgkin, the Quaker professor of morbid anatomy at Guy's, who was grave, reverential and contradictory; then John Hilton, describing himself as a pupil at Guy's, who gave evidence as to the first incision having penetrated into the bladder, and lastly, Sir Astley.

The great surgeon was very respectfully handled by the court, and Mr. Wakley's cross-questioning was gentlemanly in the extreme. Nevertheless, it proved interesting enough. He made a point of it, he said, of telling his pupils of failures and difficult cases; he thought it the best way to teach them how to act under difficulties. Had seen the bladder very often; thought a stone might well be nipped by the mucous membrane; time was no criterion at all of the excellence of an operation; had done a lithotomy in fifty seconds, and another in more than hour; the first case was child's play, the second, he thought, was a difficult case. Under cross-examination, did not recollect having told his class that a man to become a great surgeon, had, like a great general, to wade up to his neck in blood; did not think his nephew a perfectly good surgeon; he was too young yet, but give him time, don't hurry him, and he would turn out all right; yes, he had read bits of Celsus, but not much; did not know that it was a frequent continental practice, when a stone could not be felt after the first incision, to send the patient back to bed; thought

such a practice the reverse of good: why? Lord bless you, how would his lordship like to be sent back to bed with a gash in his lordship's perinæum, to have all that repeated the next morning?

It would take too long to follow Mr. Wakley's able speech, or Sir James' equally able reply. Lord Tenterden, who by that time must have had a fairly good idea of the general anatomy of the pelvic viscera—the preparation of the deceased having been brought into court to mystify him still more—summed up very impartially, putting it to the jury that the point at issue was whether the defendant had proved that Cooper had acted incompetently, and if not, how much Cooper had been damaged by the statements made. The jury, after a consultation, returned in favour of the plaintiff, with £100 damages.

Thus ended the libel case. Its echoes lingered for a long time. Wakley, it is safe to say, had public opinion on his side. He was given a complimentary dinner, in which it is worthy to notice many professional men took part, and he lived to see the reforms which he had advocated carried out at Guy's. Lambert, the reporter, was expelled from his medical society for "unprofessional conduct," and it is not on record what became of him, though it seems that he took little notice of the expulsion, but carried on his practice and again contributed to the *Lancet*. For a series of years that publication was boycotted at Guy's, but with the retirement of the Treasurer, Harrison, the interdict against it was removed, and it once more circulated within the hospital. With the other actors of the play we have nothing to do. Lord Tenterden died two years later, in harness to the last, muttering as he expired, "Gentlemen of the jury, you are all dismissed." It was his last great trial, and judging by his perplexed remarks, faithfully reported by Mr. Gurney in the shorthand report of the trial which is on record, by no means the least difficult case that he had to deal with.

# Notice.

UNIVERSITY OF LONDON.

ROGERS PRIZE, 1907.

Under the will of the late Dr. Nathaniel Rogers, the Senate offer a prize of £100, open for competition to all members of the medical profession in the United Kingdom, for an Essay on:—"The Physiology and Pathology of the Pancreas."

Candidates are informed that the Examiners will attach importance to the results of original observations.

Essays, by preference typewritten or printed, must be sent in not later than May 1st, 1907, addressed to the undersigned.

PERCY M. WALLACE, M.A.,
Secretary to the Senate.

July 26th, 1905.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## John Keats.

DEAR SIR,—Probably you would like in the next GAZETTE to correct an error which has crept into last week's. In speaking of Keats the writer says, on p. 307, "he abandoned the profession without taking any qualification."

Keats became a Licentiate of the Apothecaries' Society on 26th July, 1815.

His note book, in which he took notes of the Anatomy lectures at Guy's he attended, still exists. It appears that he did not give his undivided attention to the lectures, for he says, "the other day, during the lecture, there came a sunbeam into the room, and with it a whole troop of creatures floating in the ray; and I was off with them to Oberon and fairy land."

When at Guy's he lived first at 8, Dean Street, afterwards over a tallow chandler's shop in St. Thomas's Street. Astley Cooper was interested in him, for he recommended him to two senior students with whom he shared a sitting room in the St. Thomas's Street lodgings.

He certainly sometimes thought of trying to earn his living by practising medicine, even after he had written his poetry. In two or three of his letters he discusses whether he shall take the post of surgeon on an Indiaman. In June, 1820 (he died Feb. 23rd, 1821), speaking of the publication of "Lamia, Isabella, etc.," he writes, "This shall be my last trial; not succeeding I shall try what I can do in the apothecary line," and writing to his sister Fanny in the previous July he says, "if I cannot lead that life of competence and society I should wish, I have enough knowledge of my gallipots to ensure me an employment and maintenance."—Yours sincerely,

31st July, 1905. W. HALE WHITE.

## Transfusion in Diabetic Coma.

DEAR SIR,—As the house-physician responsible for the treatment of Dr. Newton Pitt's patient with diabetic coma, whom Dr. Beddard referred to in his exceedingly interesting and valuable lecture on Transfusion, published in the GAZETTE of July 29th, as a case of "soda poisoning," I should like to make a few additional remarks on the subject. The temperature on admission was 96·2°, and steadily rose until it reached 107·4° (not 109·5); a few minutes before death, which occurred seven hours and a half after the temperature was first taken.

It does not, however, seem by any means certain that the hyperpyrexia was due to the administration of sodium bicarbonate, which, moreover, was given only intravenously, and not, as suggested by Dr. Beddard, also subcutaneously. I cannot find any mention of hyperpyrexia as a symptom of bicarbonate poisoning, and on enquiry have heard of no such thing occurring in any of

the numerous cases of diabetic coma treated in this way at Guy's Hospital, and at the Manchester Infirmary during the last few years. It is at least equally probable that the high temperature was a symptom of the diabetic coma itself, produced by the action of the toxins present in the blood on the central nervous system. It is true that a subnormal temperature is the rule in such cases; but Dr. Williamson, of Manchester, whose book on diabetes is generally regarded as the standard work on the subject, and whose experience of the disease is almost unrivalled, tells me that he has numerous temperature charts of cases of diabetic coma, showing a more or less high temperature, although all these records are of cases under observation before the introduction of the sodium bicarbonate treatment.—Yours faithfully,

Heidelberg, 9th August, 1905. ARTHUR F. HERTZ.

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A woman died in diabetic coma in Mary ward on August 19th, twelve hours after the first onset of drowsiness. Her temperature for several days had been normal; eight hours before death it was 95°, but it rapidly increased to 104° at two hours, and 107·8° at half an hour before death. At the autopsy nothing abnormal was found beyond a small pancreas, but unfortunately no cultivation was taken from the heart's blood. Only eleven and a half drachms of Sodium Bicarbonate were administered, and that only by mouth.—[Ed.]

## Fracture Dislocation of Spine.

Dear Sir,—The following case of Fracture Dislocation of the spine has some points of interest which you may think worthy of space in your Gazette.

On March 2nd of this year, G. C., æt. 51, under-gardener, was on a ladder pruning some trees, and fell some twelve feet. It was suggested that he hit his back on a tree stump as he fell. I saw him about half an hour after the accident and found:—Much bruising over mid-dorsal region. It was very tender, and no displacement could be made out. A wound on the occiput running transversely for about two inches was the only other injury. Patient quite conscious and able to move all his limbs Except for shock no sign of intracranial lesion. The wound was dressed and patient put on water bed.

March 3rd. Patient seemed better and moved arms and legs at will. Pulse 80, temperature 97·6°.

March 4th. Patient had some vomiting this evening, which started about 10 p.m. and stopped at 6 a.m. Patient vomited every fifteen minutes, without any relation to food. During the day-time vomiting stopped, and he took food well. Pulse 80, temperature 97·6°.

March 5th—7th. To-day crepitus was obtained over the site of the bruise. It was thought to be a spinous process causing the sign. No pain now experienced over the bruise on gentle pressure or when lying still. On the 6th patient could roll himself on to his side without help or causing pain. During all this time the nightly vomiting persisted, but ceased during the day-time. Pulse 90, temperature 97.8°.

March 8th. Violent diarrhœa started early, with some pain in abdomen. Vomiting ceased. Diarrhœa controlled by Tr. Opii. Pulse 106, temperature 97·6°.

March 9th. Patient complains of pain in back. Great distension of abdomen was noticed and some coils of intestine could be seen; the distension caused much trouble to patient. A rectal tube was tried, but failed to relieve; enemata of Ol. Terebinth., however, relieved the distension. Patient had attacks of hiccough during the day. Pulse 120, temperature 98·6°.

March 10th. Patient much worse, and morphia injections were required to ease the pain in the back. *Hiccough worse and distension about the same. Later* patient got much worse and died. Pulse 120, temperature 99°.

*Post-mortem—Externally.* Nothing abnormal except bruising about mid-dorsal region and the cut on the head, which had completely healed. No sign of pus.

*Internally.*—Brain normal. Cranial bones showed no sign of fracture. Spines of seventh and eighth dorsal vertebræ fractured. Laminæ of eighth dorsal vertebra fractured. Body of eighth dorsal vertebra completely divided almost midway between the intervertebral discs, impacted and upper fragment projecting about half-inch in front of lower. No sign of injury to cord, but hæmorrhage present between dura and pia-arachnoid, presumably pressing on cord. Heart showed old endocarditis, but all the other organs were healthy.

The points of interest, to me at least, are—

1. Absence of paralysis (except paralytic distension of abdomen).
2. Hiccough, the only irritative symptom, no "girdle pain," etc.
3. With such a degree of displacement in that part of the spine where the canal is not large, the ability to move without assistance.

Apologising for taking up your space,—I am, sir, your obedient servant,

Tyldesley, Palmer's Green, July 29th, 1905. H. T.

## Papers by Guy's Men.

Lectures on Carbohydrate Metabolism. A Course of Advanced Lectures in Physiology, delivered at the University of London by F. W. Pavy, M.D. Lond., LL.D. Glasg., F.R.S. Lecture III.—*Lancet*, 5th August, 1905.

Two Cases of Acute Hæmorrhagic Pancreatitis. By H. W. Webber, M.D., M.S. Lond., F.R.C.S. Edin.—*Ibid.*

The Croonian Lectures on the Chemical Correlation of the Functions of the Body. By E. H. Starling, M.D. Lond. Lectures I., II. and III.—*Ibid.*, 5th, 12th and 19th August, 1905.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Tenth List of Collections.

(Received up to Wednesday, August 23rd, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 59,044½ |
| "A Colonial Visitor."—Pro patria, 15; In Memoriam, 10; Collected in small sums, 6 ... ... | 31 |
| Addison, Sister (297s.)—A. Collins and Sunday School Boys ... ... ... ... ... ... | 5 |
| "A Friend."—A. J., 25; E. J. V., 30; V. F. W., 25; N. A. P., 10; N. E. O., 45; A. K., 1; N. M. F., 4; G. M., 75 ... ... ... ... | 215 |
| "A Grateful Patient."—O. K., 15; Japan, 20; M. D., 35; X. Y. Z., 10; Discharged, 100; Friends, 30; P. E., 40 ... ... ... ... | 250 |
| Allison, G. F. E. (25s.)—Mrs. Makinson, 5; Miss Cooke, 5; Mrs. Rogers, 1 ... ... ... ... | 11 |
| Anderton, Miss Marie (122s.)—Miss Waters, 1; Miss Head, 1; Mr. and Miss Moore, 2; Miss Foster, 1 ... ... ... ... ... ... ... | 5 |
| Anne, Sister—Anon. ... ... ... ... ... ... | 3 |
| "A Nurse."—Four Patients, 80; D. L., 10; Mother, 50; Pat, 25; Dare quam accipere, 100; A. C. T., 10; D. B., 5; Pauper, 10; Auntie, 30; T. P., 4 ... ... ... ... ... ... | 324 |
| Arundel, Miss—G. Wordsworth ... ... ... | 21 |
| Barlow, Miss (3s.)—Miss Elsie Barlow ... ... | 2 |
| Beckwith, F. H. (120½s.)—F. R. Russell ... ... | 5 |
| Bedwell, Miss L. (25s.)—Miss Amelia Bedwell ... | 5 |
| Bell, A. O. (58½s.)—E. B., 1; G. H. B., 1; H. W. V., 1; A. O. B., 10½ ... ... ... | 13½ |
| Bell, Miss K.—Miss G. M. Eaden ... ... ... | 10 |
| Beven, Mrs. O.—Miss H. M. Blake, 1; Mrs. Davisson, 1; Miss Gill, 1; Mrs. O. Beven, 1; Miss Dividson, 1; Miss Andrews, 1 ... ... | 6 |
| Bonsor, B. (176½s.)—Mrs. Gregory, 20; Mrs. Lloyd, 1; The Misses James, 2; Collection, 15 | 38 |
| Boxing Entertainment—Proceeds of, per E. P. Minett, Esq., and E. H. B. Milsom, Esq. ... | 416 |
| Bright, Sister (831s.)—J. Archer ... ... ... | 20 |
| Brookhouse, H. O. (11½s.)—Miss Frigout ... ... | 2 |
| Bryden, Dr. R. J.—Miss E. Joynes, 23; Miss Walter, 4; Miss Tomkins, 3 ... ... ... | 30 |
| Burdett, Miss M. T. ... ... ... ... ... | 21 |
| Burgess, Miss Amy (2s.)—Anon ... ... ... | 1 |
| Cannell, Miss—Miss D. Penn, 10; C. Chamberlain, 2; E. Cupit, 3; Collection by Miss Dora Penn, 18 ... ... ... ... ... ... | 33 |
| Carried forward | 60,512 |

| Name. | Shillings. |
|---|---|
| Brought forward | 60,512 |
| Coleman, Dr. J. G. B. ... ... ... ... | 42 |
| Concert at St. George's Hall, Proceeds of, per Miss Macfarlane ... ... ... ... ... | 200 |
| Conservation Sister—Collection ... ... ... | 20 |
| Cope, Miss E. B. (5s.)... ... ... ... ... | 21 |
| Davies, E. L.—Anon.... ... ... ... ... | 12 |
| Dorcas, Sister (465s.)—A Cigarette, 7½; M. R. Pratt, 26 ... ... ... ... ... ... | 33½ |
| East, Mrs. Alfred (27s.)—Mrs. Boseley ... ... | 1 |
| Elphick, Miss (26s.)—Mrs. M. Clark, 2; Old Patient, 1 ... ... ... ... ... ... | 3 |
| Evans, Miss F. (24s.)—D. Watts ... ... ... | 10 |
| Falwasser, Dr. A. F. (12s.)—M. M. Hughes ... | 5 |
| Forty, Dr. D. H. (105s.)—Miss M. H. Forty ... | 5 |
| Foskett, Miss ... ... ... ... ... ... | 10½ |
| Gardner, A. L.—C. B. Dignam ... ... ... | 2 |
| Golding-Bird, Mrs. (550½s.)—Collection by Miss Norgate ... ... ... ... ... ... | 20 |
| Grasett, Miss A. P.—Mrs. Best, 2; Miss Lewis, 8 | 10 |
| Greene, C. W. (10s.)—X. Y. Z. ... ... ... | 20 |
| Hancock, Dr. E. D. ... ... ... ... ... | 40 |
| Hanmer, Miss M. (28s.)—A. Spens, 20; Mrs. Furse, 2 ... ... ... ... ... ... | 22 |
| Harper, R. Sydney (25s.)—Mrs. J. Paine, 1; F. C. Greenaway, 1; F. Raymond, 1; Miss Beddoes, 1; W. H. Pitman, 1 ... ... ... ... | 5 |
| Henderson, H. J. (165½s.)—Joseph Henderson ... | 21 |
| Henry, Mrs. G. Nicol (31s.)—Miss Hilda Ormiston | 3 |
| Hickman, Dr. H. V. (59s.)—Mrs. Baker, 10; Miss A. J. Cowland, 10; Miss Amy Rawes, 30 ... | 50 |
| Hutchings, Dr. E. J.—Miss Gaskell, 10: Mrs. Stunt, 21; Rev. T. E. A. Williamson, 5; The Misses Harding, 100; Mrs. Castle, 10; Mrs. Metcalf, 10; Miss Powell, 10; Miss Prangley, 10; Mrs. Colebrook, 10; Miss Estridge, 10; Mrs. Luard, 20; Major Harland, 42, Miss Dale, 21; Rev. A. Robins, 20; J. Hopkins, 21; Mrs. R. Harland, 21; Miss Hope, 20; Miss Groves, 100; Balance of Collection, 53 ... ... ... ... | 514 |
| Husbands, F. A.—Collection ... ... ... | 10 |
| Iles, Miss C. (15½s.)—Collection by Mrs. N. MacVicar | 10 |
| Knox, J. H.—Collection ... ... ... ... | 32 |
| Ledger, A. V.—Anon., 30: Mrs. Smith, 5; Mrs. Wilson, 2½; "Hockling," 2½; Miss C. G. Finch, 10; F. A. Ledger, 30; E. D. H., 5; J. B. Roye, 15 ... ... ... ... ... ... ... | 100 |
| Leedham, Miss (75½s.)—Miss Peat ... ... ... | 25 |
| Leslie, Miss E. M. (24s.)—Josephine and friends, 4; Anon., 5 ... ... ... ... ... ... | 9 |
| Loveday, Miss M. L. ... ... ... ... ... | 21 |
| Lowenthal, Miss H.—Mrs. Astbury, 5; Anon., 5; Miss H. Lowenthal, 10 ... ... ... ... | 20 |
| MacAlister, Miss M. (2s.)—Mrs. R. MacAlister ... | 2 |
| Mary, Sister (35s.)—Collection by Miss E. D. Hall, 25; Mrs. Whittingham, 21 ... ... ... | 46 |
| Masters, Vivian (19s.)—Collection ... ... ... | 9 |
| Mollison, Mrs. W. L. ... ... ... ... ... | 10 |
| Murrow, Mrs. D.—Mrs. Macdonald, 1; Mrs. Macrae, 1; Miss Hawkins, 1; Mrs. Hawkins, 1; Mrs. Davy, 1; Mrs. Fowler, 2; Mrs. Steel, 1; Mrs. Pollock, 1; Mrs. Beven, 1; D. M. M., 1; Mrs. Murrow, 2 ... ... ... ... ... | 13 |
| Nason, Dr. J. J.—The Misses Hartley, 60; Dr. and Mrs. Nason, 40... ... ... ... ... | 100 |
| Ormond, Mrs. A. W. (18½s.)—C. F. D., 10; J. E. R., 10; A. B., 5; H. A. B., 5 ... ... ... ... | 30 |
| Carried forward | ...62,019 |

| Name | Shillings. |
|---|---|
| Brought forward | 62,019 |
| Pace, Miss ... ... ... ... ... ... | 6 |
| Pettit, Miss E. (10s.)—W. N. F. ... ... ... | 4 |
| Roberts, Dr. Astley C. (20s.)—Miss J. M. Mortimer | 40 |
| Ruth, Sister (Miss Edgecumbe) (1427s.)—Mrs. Roach, 20 ... ... ... ... ... ... | 20 |
| Shadwell, Dr. St. Clair.—Mrs. Partridge ... ... | 20 |
| Spurling, Miss (10s.)—Anon.... ... ... ... | 10 |
| Stewart, Mrs. H. M.—Anon., 10; Mrs. Peel, 10½ | 20½ |
| Stewart, Mrs. J. A. Shaw ... ... ... ... | 100 |
| Stone, Miss E. A. (26s.)—W. Hertzfuder ... ... | 10 |
| "Sympathiser."—Anon., 100; B. C. W., 10; S. B. E., 30 ... ... ... ... ... ... | 140 |
| Towsey, Miss M. (2s.)—Anon. ... ... ... | 3 |
| Tubbs, Miss E. M.—Mrs. Harris, 1; Miss Harris, 1; Miss Seaton, 1; Mr. and Mrs. Adams, 3; Mrs. Richards, 1 ... ... ... ... ... | 7 |
| Vicary, Miss M. (132s.)—Miss Mann, 1; J. Downing, 2; E. Woodland, 2; W. Lavis, 1; M. Hemmett, 1; S. Balsom, 2; J. Burrington, 1; L. Hammett, 2 ... ... ... ... ... | 12 |
| Waterman, Miss (178½s.)—Mr. Holbrook, 10; C. A. L., Senior, 60... ... ... ... ... | 70 |
| Webb, H. J. (1s.)—H. J. Webb ... ... ... | 11 |
| "Well-Wisher."—A. V. 50; C. D. S., 10; L. W., 5; M. S. F., 5; J. N., 20 ... ... ... ... | 90 |
| Whiteford, Miss (4s.)—Miss Whiteford ... ... | 46 |
| Wilkinson, Miss A. (4½s.)—Anon., 7; M. B. Wing, 2½ ... ... ... ... ... ... ... ... | 9½ |
| Wood, Miss (26s.)—H. J. Mundey, 1; Anon., 2; Thomas Hayes, A.S.C., 2 ... ... ... ... | 5 |
| Worthington, Dr. Sidney (10s.)—Friends... ... | 35 |
| Wright, Miss (35s.)—H. C. Wright ... ... | 10 |
| Wyatt-Smith, Dr. F. (54s.)—Mrs. Tulloch ... | 5 |
| | 62,692 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 454 |
| TOTAL (up to 23rd inst.) | 63,146 |

## Change of Address.

Mr. Thomas Bryant, M.Ch., F.R.C.S., from 27, Grosvenor Street, W., to 42, Norfolk Square, Hyde Park, W.

Dr. C. T. Brookhouse, from 19, Wickham Road, Brockley, S.E., to Ashby House, 38, Tweedie Road, Bromley, Kent.

Dr. G. F. Pollard, from 434, Liverpool Road, N., to 24, Uxbridge Road, W.

Mr. Lionel Prall, L.D.S., from 19, Elgin Mansions, Maida Vale, W., to Beechwood, 151, Maida Vale, W.

Mr. G. H. Bowden, L.D.S. E. & G., from Roseneath, Reigate, Surrey, to Sunningdale, 28, London Road, Reigate, Surrey.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Ischaemic Rigidity. Volkmann's Contracture.

THE condition is a contraction of the fingers and sometimes of the wrist, coming on rapidly with a loss of power in the forearm muscles, after a severe injury, usually in the region of the elbow-joint, and usually in young children. The deformity is due to changes in the flexor muscles—it has been called Ischæmic Myositis—without injury to the peripheral nerves, though an involvement of the Median nerve in fibrous tissue was found at an operation upon a case of Mr. F. C. Willis'. It is caused in many cases by tight bandaging and the pressure of splints.

*Ætiology.*—In a large number of cases the condition was preceded by pressure sores, in one case bullæ occurred, but no sore, and in another case, in an adult, no evidence of a sore could be found, but there had been a severe blow on the forearm by a sledge-hammer some time previously. There was no fracture in this case either.

The view that the pressure sore is the cause of the contracture is negatived by the fact that such a sore is superficial and usually limited to quite a small area of the forearm, it does not extend sufficiently deeply to involve the muscles, and lastly, there are several undoubted cases where no pressure sore was present. It is, however, extremely important as indicative of the pressure to which the parts have been subjected. Splint pressure has been claimed as a cause, but there are here again several cases where there was no question of splint pressure. It is much more likely to be due to a combination of large effusion into the soft parts and splint pressure; H. W. Page says pressure, fixation and Ischæmia. Other recorded causes are Esmarch's bandage, injury to the main artery of a limb, long-continued and severe cold, and rupture or severe contusion of the flexor muscles in young children, and prolonged suppuration in muscles. Mr. Anderson sums up: "It is a result of prolonged fixation of forearm fractures by any form of apparatus that intercepts the free circulation of blood through the muscles and nerves of the part."

*Symptoms* come on rapidly. Volkmann, who first described the condition in 1875, says "in half a day or less in very severe cases." The great feature in the history is the onset of paralysis of a limb with contracture. The fingers often go purplish or black, and swell. They are but rarely painful, though the forearm is often very tender when the splints are removed. The skin over the front and upper part of the forearm often sloughs. The fingers are at first merely flexed, later the position becomes typical, *i.e.*, with the wrist extended the metacarpo-phalangeal joints are extended, but the interphalangeal joints and the terminal joint of the thumb are strongly flexed, the tips of the fingers touching the lower part of the palm, no reasonable force being sufficient to straighten them; as soon as the

wrist joint is flexed to a right angle, however, the fingers can be easily extended. In very severe cases the wrist is strongly flexed and incapable of extension, the hand pronated and the forearm semi-flexed. The flexor muscles are much wasted, but hard and firm. There is sometimes a thickening to be felt in the soft tissues, generally in relation to the pressure sore, or a bony lump at the lower end of the humerus. Sensation varies from normal to complete anæsthesia. There are no true trophic lesions. In well-marked cases there is considerable shortening of the bones, probably because the growth of bones only proceeds "pari passu" with the amount of support it has to give to its attached muscles.

*Electrical Reactions.*—Normal reaction of muscle and nerve is, perhaps, the most diagnostic feature of the deformity. R. D. is present in some cases, but it is possible that an Ischæmic myositis might damage the motor end plates, and thus account for it. Erb says that in a primary muscular condition the electrical reactions are normal. There are several points against R. D. being present; thus one cannot be certain that the nerves were unaffected in cases where R. D. was obtained. Again, if R. D. be present, we conclude that those muscles are practically paralysed for the time being, whether due to main nerve trunks or motor end plates being affected is immaterial. But when the tendons are lengthened, these muscles are capable of performing normal movements, which would hardly be the case if they were paralysed muscles.

*Pathology.*—Volkmann considers the condition due to diminished arterial blood supply, *i,e.*, Ischæmic in origin, the simultaneous venous congestion hastening the onset of paralysis, the muscle fibres are deprived of their oxygen, and to all intents and purposes rigor mortis sets in. The rigidity and contracture are made worse by the contracting of the material which was present for the process of repair. The degree depends upon the length of time during which the circulation has been arrested.

Davies-Colley believed the condition to be due to inflammation spreading from a pressure sore, or, after diffuse suppuration, the fibrous tissue which contracted and gave rise to the deformity being formed from the granulation tissue of the soft parts.

Raymond Johnson says the "paralysis" is due to a fibrous degeneration following on inflammation caused by splints tight enough to materially interfere with the circulation.

Wallis draws attention to the capillary hæmorrhage, or rather enormous exudation of serum, which occurs on removal of an Esmarch's bandage, and which becomes infiltrated with leucocytes and contracts.

Ziegler describes a myositis due to the spread of inflammation from the skin, and characterised by a liquid infiltration in the perimysium, and accumulation of round cells in the connection tissue, the muscle fibres themselves usually remaining healthy, though coagulation necrosis occurs if they become affected.

The condition has been likened to congenital hæmatoma of the sterno-mastoid, producing wry neck—though this does not always occur. It also seems reasonable to suppose that, as so many cases commence with injuries around the elbow-joint, laceration of the synovial membrane, with consequent escape of fluid in addition probably to some blood from the injured tissue around, might be an important factor. The reports as to the condition of the muscles at five different operations all agree that they were pale, wasted, firm, and dry, and seem to be chiefly composed of fibrous tissue.

*Diagnosis* is usually easy, though there may be difficulty in telling a pure Ischæmic myositis from one where the peripheral nerves are also injured. Volkmann lays great stress on the point that the paralysis and contracture arise simultaneously, and not as in paralysis of nervous origin, where contraction is a later phenomenon and of gradual onset. The following conditions are also usually mentioned in the differential diagnosis, viz : 1. Ulnar, median, or musculo-spiral paralysis. 2. The contraction after acute anterior poliomyelitis. 3. Little's disease, congenital spastic paraplegia, and 4. Functional disease.

*Prognosis.*—Volkmann says this is bad, practically hopeless, if the hand and fingers are affected, slightly better in the lower limb, because here tenotomy may be of service. Ten years later, 1891, Anderson says, "The lesion is seldom of a permanent character, and the function may generally be restored by systematic active and passive movements with massage, and if necessary, the galvanic current." Though absolutely contradictory to Volkmann's prognosis, Anderson's statement is exactly in accordance with results collected later (L. S. Dudgeon, *Lancet*, 1902).

*Treatment.*—Anderson (Hunterian lecture, 1891) maintains that Ischæmic contracture should never occur, since careful observation of the hands and fingers during the use of splints would always give due warning of its approach. This is not strictly correct, as it undoubtedly has arisen from other causes than bad treatment, though Littlewood's view, which goes to the other extreme, and maintains that splint pressure has nothing to do with its production, is certainly incorrect in many cases. At any rate it seems obvious that in severe injuries to the bones around the elbow joint, anterior and posterior splints should not be employed, especially where there is much swelling. Page and many others disagree with the use of splints here. Volkmann recommends extension of the muscles under an anæsthetic ; this is difficult, and alone is valueless. It may be treated medically or surgically. The former methods consist in massage to the forearm—so long as there is no pain—and passive movements of the fingers. Galvanism probably has no effect. This line of treatment requires to be carried on uninterruptedly for about two years.

As regards surgical treatment, the time of operation should be put off for 3—4 months after the time of the accident, as contraction seems slowly progressive for some time. Davies-Colley divides the flexor muscles and then the tendons at two operations ; thus of course curing the deformity, but finally preventing any voluntary flexion of the fingers. Raymond Johnson

excised a short piece of bone from the middle of the shaft of the radius and ulna. Apart from a possible liability to non- or fibrous union, the operation is satisfactory. Tendon lengthening, first advised by Page, is now often done. In the after treatment, the hand and fingers should be kept in a splint for about fourteen days, and then gradually massage, galvanism, and active and passive movements. Lastly, when a lump at the lower end of the humerus interferes with flexion and extension of the forearm, the bony mass can be excised.

Tubby and Jones (Surgery of Paralyses) describe it as a condition due to tight bandaging, generally accompanied by malposition and excessive callus exudate, they recommend resection and removal of portions of the shafts of the radius and ulna, then wiring the ends.

H. M. CLARKE.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Handbook of Intestinal Surgery.* By Leonard A. Bidwell. Pp. xii. and 167. (Messrs. Bailliére, Tindall & ox). 6s. net.

There is nothing new of any importance in this small handbook, but we have elaborate descriptions of the technique of all the various intestinal operations—anastomoses, etc. They are illustrated with very good diagrams and fill in the details which are omitted from many of the larger text-books. We cannot, however, persuade ourselves that such a book is necessary, as it is intended for use at a practical operative surgery class (yet it is bound in scarlet!), and gives long descriptions of manipulations which a good demonstrator would teach in a few minutes—and that more intelligibly.

We turn to the chapter on the after-treatment of abdominal operation cases, expecting to find more interesting matter, and are surprised to find no mention of large nutrient enemata—none greater than four ounces being advised. The author has confused shock and collapse together, and is incorrect in saying that a syringe is necessary for subcutaneous infusion of saline.

The use of stimulants is a matter for much discussion, but—"I have kept a patient alive for a month after a serious operation by giving each day 16 ounces of brandy and 18 ounces of champagne" is a sentence all will dispute, and many will prefer to substitute *in spite of* for *by*.

*A Contribution to the Pathology of the Endometrium.* By Jessie M. Macgregor, M.D. Pp. 52, and 106 plates. (William Green & Sons.) 10s. 6d. net.

A happier title could not have been chosen for this work, as, without having arrived at any definite conclusions, Dr. Macgregor has provided a large amount of material for future observers. She has recorded the results of examining two hundred and fifty curettings from the uterus, and endeavoured to arrive at some sort of a classification of the various forms of endometritis, which is based purely on pathology.

The larger part of the book consists of a capital series of photo-micrographs, which are very good reproductions and serve to illustrate the text admirably. A very good idea is obtained of the difficulties of pathological diagnosis by a comparison of plates 50 and 53, which are apparently identical, and yet depict respectively the round-celled stroma and a growth which was clinically an undoubted sarcoma. A very good Bibliography is given, but index and list of contents are conspicuous by their absence.

*Mucous Membranes, including Mucin and Malignancy.* By W. Stuart-Low. Pp. viii. and 60. (Messrs. Bailliére, Tindall & Cox.) 2s. 6d. net.

A plea for the more careful study and examination of the mucous membranes of the body, and an effort to prove that mucin is most essential for the welfare of the human being. The author wishes physicians no longer to fight against mucus or try to remove it, but points out that many diseases are due to want of mucin; he even endeavours to prove that carcinoma depends to a large extent on diminished mucus, and gives a list of cases of malignant disease which have profited greatly by a course of mucin administered by the mouth. The evidence is slight, but Mr. Low points out that carcinoma is common in regions poor in mucus, as for instance, the mamma, but rare in the salivary glands which secrete much mucus; the pernicious effects of common salt and smoking on cancer are adduced in support of the theory, as they diminish the secretion from mucous membranes.

# Sport.

## Lawn Tennis Club.

GUY'S v. BOUNDARIES.

Played at Balham on Saturday, July 29th. We were represented by the following:—F. W. M. Palmer and A. S. M. Palmer, M. M. Adams and F. Cutler, R. Davies-Colley and W. Pinching. Cutler made a successful reappearance for the Hospital, he and Adams winning two events, while the others secured only one apiece. Towards the end the light got very bad, and the wind unpleasantly high. Result:—Lost, 4–5.

This match formed the termination of a season in which we have won 6 matches, lost 6, and drawn 1, a result hardly satisfactory, though better than last year's. It is largely due to the fact that since the middle of the season we have been unable to put our full team into the field.

# Pass List.

## Royal College of Physicians of London, July, 1905.

ADMITTED TO THE MEMBERSHIP ON EXAMINATION.

A. F. Hertz. W. M. Robson.

DIPLOMA IN PUBLIC HEALTH.

J. A. Glover.

## Royal College of Surgeons of Edinburgh, July, 1905.

EXAMINATION FOR THE FELLOWSHIP.

F. C. Hitchins. C. P. Weekes.

## Royal Army Medical Corps, July, 1905.

R. P. Lewis. G. H. Rees.

## Indian Medical Service, July, 1905.

C. H. Reinhold.

## University of London, July, 1905.

INTERMEDIATE EXAMINATION IN MEDICINE.

L. T. Baker, H. B. Carter, A. F. W. Denning, R. C. V. Edsall, W. Johnson, E. L. M. Lobb, H. E. Perkins, H. A. Sanford, J. T. Smalley, St. J. A. M. Tolhurst, V. Townrow.

Organic Chemistry.—E. L. Elliott, A. L. Fitzmaurice, G. F. Haycraft, J. L. Johnstone, T. Lewis Jones, G. H. Peall, J. R. Perdrau, J. Pryce Davies, N. A. D. Sharp.

PRELIMINARY SCIENTIFIC EXAMINATION.

Inorganic Chemistry, Experimental Physics and Biology. — *R. P. Ballard, *F. A. Dick, *G. Dunderdale, *G. R. Hind, *G. Maxted, *R. Rodgers, *T. D. M. Stout, *A. D. Vazquez.

Experimental Physics and Biology.—W. E. Fox, G. T. Mullally, R. Stout.

Inorganic Chemistry only. — H. Davies, *D. A. Mitchell, *T. T. O'Callaghan, *C. Witts.

Experimental Physics only.—J. A. Delmege, A. G. H. Moore, J. L. Stewart.

Biology only. — E. A. Barker, *G. B. Cockrem, C. G. Morris, B. T. Verver.

*Denotes completion of examination.

INTERMEDIATE EXAMINATION IN SCIENCE (Includes Preliminary Scientific Examination).

*J. Lee Atkinson, *W. H. Catto, *E. M. A. Duvivier.

## Conjoint Examining Board, July, 1905.

FINAL CONJOINT EXAMINATION.

Medicine, Surgery and Midwifery.—*A. G. Jones, *H. A. Watney, *W. Welchman.

Medicine and Surgery.—*G. Hamilton, *R. P. Lewis, *A. H. Miller.

Medicine and Midwifery.—L. H. Burner, C. F. Fothergill, P. S. Mills, S. Reader.

Surgery and Midwifery.—G. F. Greening, *H. S. Knight, *T. C. Pocock.

Medicine only. — J. M. Barrionuevo, V. A. P. Costobadie, *R. Edridge, T. W. Kirby.

Surgery only.—R. D. Barron, *J. E. Collins, *H. P. Costobadie, *L. G. Davies, G. H. K. Macalister, *G. H. Morris.

Midwifery only.—P. A. S. Dyson, H. G. Gibson, E. M. Harrison, E. C. Lowe, W. P. Purdom.

*Denotes completion of examination.

FIRST CONJOINT EXAMINATION.

Chemistry and Physics (Parts I. and II.).—A. J. Frädersdorff, M. J. Marks, H. Steinbach.

Physics only (Part II.).—*F. Kahlenberg.

Elementary Biology (Part III.).—A. J. Frädersdorff, R. A. Glindon, H. J. Shahin.

Practical Pharmacy (Part IV.).—W. H. L. Burney, R. Edridge, P. C. Litchfield, T. Norman, J. L. Rankine, St. J. A. M. Tolhurst, H. F. Wight.

# Appointments.

## Civil.

Thomas, F. L., M.B., B.S. Lond., has been appointed House Surgeon at South Devon and South Cornwall Hospital, Plymouth.

Webber, H. W., M.D., M.S. Lond., F.R.C.S. Edin., has been appointed Honorary Medical Adviser to the Devon and Cornwall Home for Consumptives.

## Naval.

Surgeon Cyril Shepherd, R.N., has been appointed to the *Pioneer*.

ERRATUM.

We regret that in a former issue we stated that Dr. John D. Malcolm, of Portman Square, London, who is a gynæcologist, had been appointed to the Chair of Physiology at the Otago University.—*Australian Medical Gazette* for June, 1905.

## Royal College of Physicians of London.

At a Comitia held on July 26th, Dr. Frederick Taylor was appointed Censor, and Sir Cooper Perry, M.D., was elected a member of the Finance Committee.

APPOINTED EXAMINERS.

Dr. J. H. Bryant.—Materia Medica and Pharmacy.

Dr. G. Newton Pitt.—Medical Anatomy and Principles and Practice of Medicine.

Dr. E. H. Starling.—Physiology.

## Birth.

GROVE.—On August 20th, at St. Ives, Huntingdonshire, the wife of W. R. Grove, M.B., of a son.

Eds.—F. W. M.-P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 450.] SEPTEMBER 9, 1905. [SIXPENCE.

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## The Clubs' Union.

FOR fourteen years the students of this hospital have been able to belong to a large number of clubs—athletic and social—for one annual subscription of two guineas, and the Council of the Clubs' Union are to be greatly praised for the success which has hitherto attended their strenuous efforts on our behalf. During the last two or three years, however, it has become more difficult to make both ends meet on the meagre sum of money provided—expenses have increased, and yet at the same time the entries, and accordingly the income, have decreased.

This state of affairs has proceeded to such an extent, that it is no longer possible to carry on the clubs by means of the original small subscription, and so the Council has reluctantly decided to raise the annual subscription from two to three guineas—a line of action with which we have every sympathy and consider most praiseworthy. This decision has not been arrived at hastily, as many efforts have been made to avert it by strict economy and by much planning and contriving; many committees have sat and have discussed the subject often and at such length as would surprise those of us who have never undertaken such dreary work. The result has been that reforms have been introduced, which will doubtless bear fruit in the future, but at the same time the grants to the different constituent clubs have been reduced to a minimum—or even below in some cases; they are starved, and bankruptcy stares the Council in the face.

As we pointed out above, there have been two causes at work, of which the principal one is the diminution in income owing to the decreasing entry. The amalgamation of all the different clubs in the hospital, which resulted in the Clubs' Union, took place in 1891, and in that year one hundred students entered the hospital; in 1893 the entry was one hundred and fifteen; but in 1904 it has dropped to sixty-seven. Here, then, we have an obvious cause for the diminished income—and a cause over which the Council has no control. We can only hope that the number of subscribers will not still further diminish, either because of the increased subscription or of the decreasing entry.

Our hospital was the first to amalgamate its clubs into a Union, and all the other hospitals have now followed suit—the constitution of each being modelled on ours, often in most minute particulars. They also started with a two guinea subscription, but their students, as well as ours, are diminishing in number owing to the increasing competition of the hospitals and universities in the Midlands. They have

accordingly been compelled to raise their subscriptions: at the London Hospital it is now three guineas, and at St. Thomas's it is two pounds ten shillings. We need not fear, therefore, that the proposed increase will militate against us in the fierce competition which exists among the London hospitals to catch the would-be student.

Expenses also are increasing to an alarming extent; as each game comes into fashion it has to be included in those officially recognised by the Council. The Hockey Club has recently been enrolled, and, as football leaves no additional room for another game at Honor Oak Park, a ground has to be hired for the matches of this club. Who can say what new game will have to be treated in the same manner? Should lacrosse find many devotees in the hospital, and should they succeed in winning an Inter-hospital Cup, their club will have to become constituent.

We sincerely hope that there will be no grumbling because the subscription has been increased to what we consider a far juster amount than the original two guineas. Where, we would ask, can such manifold and great advantages be obtained for such a small sum? At Cambridge, five guineas is considered a moderate annual subscription to the College Amalgamation, and yet there, though it is true a Boat Club has to be supported, ground rents are much smaller, and there are no extensive club rooms such as we possess, nor—we say it with all modesty—is such a periodical as the GAZETTE given to each subscriber.

The increased subscription is absolutely necessary for the working expenses of the Clubs' Union, and no member need fear that he is contributing his extra guinea towards the liquidation of old-standing debts, such as undoubtedly exist, for we are assured by the Council that these will be paid off in some other manner and not by the annual subscriptions of the present members.

We heartily congratulate the Council of the Clubs' Union on their decision, and call on all Guy's men to cordially assist by paying the larger subscription—not grudgingly, but fully realising that they are but giving just payment for what they receive.

## Passim.

WE have not yet permitted ourselves our annual growl over the exceeding dulness of vacation time, and now it is forced upon us that we have delayed too long. Not that anything of moment, or even of interest, has occurred in the past fortnight which our eager pen might seize upon to chronicle, condemn or approve—we do not expect that—but there are not wanting signs of renewed life in the hospital. Once more the Superintendent's dog has joyfully welcomed back his master. The sisters of the wards, restored to health and vigour, have resumed their mild and beneficent rule, and once more the head nurse walks humbly after her kind. The return of the rest of the Staff has done a little to lighten the labours of Mr. Fagge, grown used to a life in the operating theatre, while the Resident Surgical Officer has at length felt justified in seeking relaxation from the turmoil of hospital life. In the Colonnade the wise parent may be seen hastening, with his ambitious son, to the office of the Dean, from which, when he shall once have entered, there must be no drawing back. The excavations, too, annually carried out in the College, seem now all but completed, though with what result we know not. For weeks past the solid earth has given at our feet, and exposed yawning caverns and unsuspected depths, peopled by cheerful workmen, whose lusty shouts have been in part drowned by the incessant noise of their hammering. Finally, we hear that the captain of the football fifteen is again in active process of getting fit. All these are signs of the renewing of life on October 1st.

THE determination of the Clubs' Union Council to raise the annual subscription is referred to in another place. Here we would lay emphasis on two considerations only: that the increase, however regrettable, has, after long

struggling, become inevitable, simply because of the decreased entry at this as at other hospitals, and that we have the assurance of those responsible that the additional income so derived will be used directly for our own immediate benefit, and not to liquidate debts which have been incurred by our predecessors, debts which will be met in some other way.

A propos of this decrease in the entry at Guy's and at all other London hospitals, a correspondent sends us an amusing cutting from one of the daily papers. The scarcity of medical students is thus explained: "Ill-health, riotous living and inability to study cause hundreds to break down. Many others—often the most promising—are the victims of stupid examiners, who, especially at London University, instead of intelligent questions, set stupid and purposeless problems." Each of the large London hospitals, we are told, has its own type of student.

"Bart.'s. Possess more "side" than any other students.

St. George's. Noted for "high tone" and aristocratic associations.

Guy's. Believe themselves to be gifted with supernatural ability.

Middlesex. Unobtrusive solid workers.

University College. "We are in the front rank."

London. A place of big things, and one very big man.

Westminster. Unlucky, but deserving.

Charing Cross, King's College, St. Mary's and West London. Good average men.

Royal Free. Women students."

We can understand the charge against ourselves, but not the contemptuous dismissal of the claims of the Royal Free Hospital.

We publish to-day a letter which urges the establishment of a United Hospitals' Rowing Club. The writer recalls the existence in the past of a Guy's Hospital Rowing Club, and puts forward the hope that the establishment of such a United Hospitals' Club may in time be followed by the revival of Guy's rowing and of inter-hospital competition. At the Universities, of all forms of sport rowing has always occupied pride of place. Not only is it the best form of exercise, demanding a perfect combination of skill and endurance, but it lends itself so especially to the element of contest. The interest in inter-college cricket, football, tennis, or hockey is at times great, but is apt to fail. The interest in college boat-racing, in the place on the river of this or that college, has been continuous from the time of our great-grandfathers. Lately something was said of the decrease of zest and rivalry in inter-hospital competitions, and we took, as an instance, the recent Inter-hospital Shooting Competition, in which five Guy's men turned out to do battle as a team of six. If there is any truth in the charge that interest in such competitions is on the wane—and it is to be remembered that the corporate life of the hospital, with its traditions and sentiments, are all intimately bound up in the rivalry of inter-hospital competition—then the writer has a very strong argument to bring forward for the re-establishment of hospital rowing. There are, of course, many difficulties in the way. The expense is great, and medical students are not rich. The demand on time is also great, and the emergencies of modern surgery and modern medicine, too, are not such as to allow of very regular practice. Now a man may play in a cricket team twice and miss the third match and do no great harm, but if a crew is to make progress there must be no changes. For both these reasons, hospital rowing must always be difficult to maintain, but not, we think, impossible.

We take this opportunity of conveying our very hearty congratulations to Dr. E. I. Spriggs

on his marriage, which took place on August 31st. Dr. Spriggs has earned the gratitude of all Guy's men by his unwearied work on their behalf, both in the Physiological Laboratory and especially as the indefatigable secretary of the Physical Society.

WE publish to-day a long letter from Mr. R. G. Oram, the honorary secretary, "pro tem.," of the Rifle Club, in answer to the complaints which appeared in a former number of the GAZETTE as to the conduct of the club. We think that Mr. Oram has made it abundantly plain that he himself is in no way to blame for the somewhat dishevelled state into which the affairs of the club have fallen. He undertook office under exceptionally trying circumstances, and made a manful attempt to set matters straight, and we think him justified in attributing the lack of success which attended his efforts to the want of support received from members of the club. The question of the distribution of prize money is of little interest, and with it we are not concerned. With this we are concerned, that the Shooting Cups were lost to Guy's by a most lamentable display of slackness. That this misfortune was not due to carelessness on the part of the secretary, or of the captain of the club, but was the result of the general apathy among shooting men in the hospital (and after reading Mr. Oram's explanation we can come to no other conclusion), seems to make the matter more rather than less serious.

WE hope shortly to publish and present with the GAZETTE an engraving of a likeness of the late Dr. Washbourn. It is to be regretted that circumstances beyond our control have so long delayed our adding Dr. Washbourn's likeness to the series which we are now publishing. It has also been decided that a reproduction of a portrait of one of the early members of the Staff, of Dr. Bright, Dr. Addison, or Sir Astley Cooper, uniform with last year's portrait of Thomas Guy, will form the GAZETTE's Christmas picture. Copies of former Christmas pictures can at all times be obtained by application to Mr. Mills, or at the Treasurer's office.

WE congratulate our indefatigable librarian, Mr. Mills, on his return to health. Mr. Mills recently met with a rather alarming accident, as a result of which he "warded" himself in Stephen for some days. He has now returned home quite restored to health.

WE hear reports of several building alterations soon to be carried out. The rooms formerly occupied by the collection of wax models and the skeletons of quadrupeds are now vacant, and it is rumoured are to be made use of to extend the accommodation for operating theatres and out-patients in the Eye wards. The wax models are now, as we know, suitably housed, but what of the skeletons? Possibly the British Museum might care to add them to their fine collection. It is also rumoured that a new home is to be found for the long-suffering Out-patients' officers by altering the Medical Registrar's room for their use.

IT is always interesting and instructive when opportunity is afforded us for testing the relative merits of different methods of treatment in one and the same subject. If a man must have both legs amputated, let us show a pleasing variety in our flaps; if he have the itch, then let us give a different ointment to each limb and set them in competition. At the skin out-patients of a famous hospital, not a hundred miles from here, this pleasant spirit of rivalry has resulted in something like a deadlock. The patient has a very profound alopecia. For months past not a single hair has broken the smooth contour of the scalp. One half of this

fair field has been treated by the dermatologist, with all his cunning, by salves and ointments, upon the other the electrician has worked his wicked will. At length, as the result of their labours, a single hair has appeared. But the matter is still in hot dispute. The hair is exactly in the middle line, not one hair's breadth to the left or the right of it. Both physician and electrician lay vigorous claim to it; neither is content to split the hair.

## Cases of Suppuration in the Frontal Sinus.

CLINICAL LECTURE BY F. J. STEWARD, M.S.
June 19th, 1905.

GENTLEMEN,—I thought that if I described to you some cases of suppuration of the frontal sinus it might be of use to you, because what I find in the Nose and Throat Department in connection with these cases is that the majority of them have had the disease for years, and that it has been unrecognised. No doubt this arises from the fact that it is the general practice to treat and look upon every case of discharge from the nose as one of nasal catarrh.

Let us consider for a moment some of the symptoms produced if there is suppuration of the frontal sinus which is left untreated. The formation of pus in the sinus, as you would naturally expect, leads to a discharge from the nose. That discharge has certain definite characteristics. The principal of these is that it is a purulent discharge. The patient may not recognise it as such, but if you look at it on the handkerchief you will see it is purulent, and not simply ordinary muco-pus or mucus associated with simple catarrh. Next, you will learn that it is nearly always well marked in the morning. The sinus fills up as the patient lies in bed, because the infundibulum, which leads from the frontal sinus into the middle meatus of the nose, is the highest point in the horizontal position, but becomes the most dependent point when the patient gets up. The effect of this discharge is to set up irritation in the neighbourhood of the middle meatus of the nose and the middle turbinated, and results in swelling of those structures. And usually after a time the irritation results in œdema and the formation of actual polypi, so that another symptom which these people often complain of is nasal obstruction. Supposing, as is usually the case, there is no obstruction to the outflow of the pus from the frontal sinus, those will be all the local symptoms that the patient will complain of. But there is also a certain train of general symptoms which is produced, just as chronic suppuration will produce them anywhere. For these patients get a chronic toxæmia, and complain of headaches and of not feeling well, or a general feeling of depression and inability to do their work. Some are definitely anæmic, and many note a distinct loss of flesh. Such are the symptoms in an ordinary case of disease of the frontal sinus.

But certain complications may arise. Sometimes, owing to polypi and œdema of the middle turbinate region, the ostium of the frontal sinus will become more or less obstructed, with the result you would expect, namely, more or less distension of the frontal sinus itself. The effect of the distension of a bony cavity is to produce further symptoms. The patient complains of severe headache, which sometimes recurs periodically and is relieved by marked increase in the discharge from the nose. In other cases, and supposing the obstruction is more complete and permanent, the effect of the distension of the sinus is to produce ulceration of the mucous membrane lining it, and subsequently ulceration and destruction of the bony wall, with the formation of an abscess in the adjacent tissues. Supposing the anterior wall of the frontal sinus is perforated in such a case, an abscess will form over the sinus itself. That will gradually involve the skin, and so a fistula may be formed. I shall describe cases in which that has taken place.

If the posterior wall of the sinus is involved, as you can see in this transverse section, the result must be perforation into the interior of the skull, which may lead to extra-dural abscess, meningitis, cerebral abscess, or other intra-

cranial complication. Luckily, however, intracranial complications from frontal sinus disease are comparatively rare.

In order to illustrate further the symptoms and also the diagnosis and treatment of these cases I will now describe a series of cases.

The first is a typical case of chronic suppuration of the antrum and the frontal sinus, in which the discharge was free. It is that of a young woman who is now under my care in Ruth ward. She came to the Throat Department at the end of last year, complaining of the presence of a thick yellow discharge from the left nostril, which was of over a year's duration. There was considerable obstruction to breathing on the same side, and the patient suffered frequently from headache and was very languid, and found it difficult to get through her work. In fact, she suffered from general toxæmia such as I have already mentioned.

On examining the nose, the first thing noticed was that there was thick canary-coloured pus in the left middle meatal region. I want you to understand clearly what I mean by that. It is between the middle turbinate body and the inferior turbinate. If you put the speculum into the nose and examine in a good light you can see the septum on the inner side of the red floor of the nose, and on the outer side a body projecting into the nose, which is the inferior turbinate. If now you tilt the head backwards and look up you will see another body, the middle turbinate. The canary-coloured pus was situated just below that. The question arises, What is that pus due to? You can tell at once if you think, without knowing anything about diseases of the nose and throat. It is clear that it may either be produced *in situ* from local disease, or it may be flowing into the nose from an adjoining cavity. With regard to the second possibility, think of the openings there are into the middle meatus of the nose, and you will then know where that adjoining cavity may be. Opening into the middle meatus are the antrum of Highmore in the superior maxilla, secondly, the infundibulum, which leads to the frontal sinus, and the openings of the anterior ethmoidal cells. Pus may have come from either of these. How shall you find out which of them it has come from in any given case? If it is wiped away and it returns again immediately, it cannot have been formed locally, but must be flowing into the middle meatus from some other part. If you find that half an hour after being wiped away there is still no pus, you may conclude it was secreted locally. In the case of the patient I am speaking of now, we wiped the pus away with a small swab of wool, and after two or three minutes found it had returned. So it was clearly coming from either the frontal sinus or the maxillary antrum. As a matter of experience, antral disease is far more common than frontal sinus disease, and the usual cause of antral disease is a dental cause, *i.e.*, caries of an upper molar tooth on the same side. On looking into this patient's mouth we found that the first molar on the same side as the disease was broken down. We concluded she was suffering from antral disease, so I removed the carious upper molar, punctured the floor of the antrum and injected some boric lotion into it. There was a large amount of pus, so a tube was inserted. The patient immediately began to improve, but after a time we found that although she syringed the antrum regularly she had a purulent discharge from the nose, and the question arose as to where it came from. On Friday afternoon we syringed out the antrum to get it free from pus, then we wiped out the middle meatus to get rid of any remains of pus. Then she sat still with her head down for a few minutes, and we found a quantity of pus present in the middle meatus. It could not have been formed locally in that time; it could not have come from the antrum, so there remained the frontal sinus and the anterior ethmoidal cells. As a matter of fact, they are nearly always involved together, and the only way to treat the anterior ethmoidal cells satisfactorily is through the frontal sinus. So last Tuesday I operated. The eyebrow was shaved, and an incision made in the line of the eyebrow over the frontal sinus, running down towards the internal tarsal ligament. This incision divided all the structures down to the bone, the superficial structures being then pushed

downwards and upwards, so as to lay bare an area of bone as large as a sixpence in the superciliary region. A small portion of the anterior wall of the frontal sinus was removed with a gouge, and there was immediate bulging of the mucous membrane of the frontal sinus. On opening this, yellow pus escaped, confirming the diagnosis of chronic suppuration of the frontal sinus.

I will now describe the operation that I perform for the cure of these cases. Having opened the frontal sinus, the next thing is to remove the whole of the anterior bony wall and then the whole of the mucous lining of the cavity. As far as I know, the only way to ensure a permanent cure in a case of this kind is to obliterate the frontal sinus once for all, by removing the anterior bony wall and the mucous membrane; the soft parts in front, namely, the pericranium and the structures over it, then fall in, so that the sinus is obliterated. Now, not only is the frontal sinus involved, but in nearly all these cases the anterior ethmoidal cells are suppurating as well. From the infundibulum the anterior ethmoidal cells are therefore thoroughly opened up with curettes and a large opening made into the nose. The final success of the operation depends entirely on the after-treatment. The cavity which is left must be carefully packed every day with gauze, in order to ensure that it heals completely from the bottom. At the same time, the nose is kept clear by syringing through a tube. This has been done for a week now, and the patient is comparatively well, and there are already signs that the cavity is becoming obliterated. In from four to six weeks the whole wound becomes healed, and a slightly depressed scar is left. But the amount of permanent deformity is very small, and at the end of a year or two it is practically unnoticeable, except in the case of very large sinuses. To show how small it is, I will tell you a story about a man who was in Job ward the other day for symptoms of gastric ulcer. It happened that two years ago he had frontal sinus disease, and I operated upon him, and the other day I asked Mr. Symonds' House Surgeon and another man who was in the ward to stand at the end of the bed and tell me what operation had been performed on the man's face, but neither of them detected the scar.

The next case serves to illustrate very well the close association between suppuration in a sinus connected with the nose and the formation of polypi. As a matter of fact, suppuration in any of the sinuses connected with the nose leads, after a time, to the production of polypi. As a rule, in these cases, the polypi are detected, but not their cause, so that repeated operations are performed for the removal of the polypi, which rapidly recur, because the cause persists. This patient is going to be operated upon to-morrow, so if any of you care to see one of these operations you will have the opportunity. She first came six months ago, with a history, extending over several years, of a discharge and obstruction caused by polypi. She had several times had polypi removed by various doctors; she was also thin and anæmic, and complained of general debility and headaches. Examination showed the nose to be full of polypi on both sides, and there was a suspicion of pus on moving the polypi to one side with a probe. A large quantity of polypi were cleared away, and after that pus was found in the middle meatus on each side. The same procedure was gone through as I mentioned in describing the former case. Pus having been wiped away with pledgets of wool, it was found present again a minute or two afterwards. So clearly it came from one of the sinuses connected with the middle meatus. I punctured both antra and syringed them through, and found them both full of pus. For some time she has syringed them, and has got rid of the headaches, put on a great deal of flesh, and she looks altogether better than before. Nevertheless, she still has marked purulent discharge from the nose. We went through the same steps as with the last patient, namely, syringing out the antra, then wiping the pus away from the middle meatus. In a few minutes it was found that pus had collected again on either side, showing it must have come from the frontal sinus or the anterior ethmoidal cells; and I shall explore these cells to-morrow morning. I have no doubt suppuration in those

two sinuses has been going on for years, from the fact that it has led to the formation of such large quantities of polypi.

The third case is rather different. It is one in which there was chronic suppuration of the frontal sinus, which resulted, after some considerable time, in obstruction to the infundibulum, and what I have already spoken about occurred afterwards, namely, that the anterior wall of the frontal sinus became perforated and an abscess developed. The patient was a woman, æt. 38, who came to the Throat Department early last year. She complained of headache, with pain and tenderness above the eye on the right side. External examination proved the presence of an obvious swelling, which definitely fluctuated. On examining the interior of the nose with the speculum, it was seen that she had the same conditions as the other patients I have spoken of—canary-coloured pus in the middle meatus. On wiping it away it returned immediately, showing that it came from one of the sinuses. As there was this fluctuating swelling on the forehead, it was clear that the particular sinus involved was the frontal. So I took her into Ruth ward and operated. The incision went into the swelling and opened a large abscess containing two or three drachms of pus. I then removed, as I have already described, the whole of the rest of the anterior wall of the sinus, and in addition destroyed the whole of the mucous lining of the sinus. The cavity healed rapidly from the bottom, and she is now well with practically no deformity.

The next case is that of a patient in whom the disease advanced one stage further. Not only did perforation of the anterior wall occur, but the abscess which formed in the superficial tissues itself gave way, leaving a small fistula. It happened that this man came up conveniently for this lecture, for I only saw him last Friday for the first time. He is a youth, æt. 20, who has been attending Dr. Brailey's out-patients for this minute sinus in the upper lid. The history is, that twelve months ago he suffered greatly from headaches, the pain being followed by swelling of the forehead and the upper eyelid on the right side. After a time the abscess burst through a small opening in the upper eyelid.

For some time there was a considerable discharge of yellow pus, resulting in a diminution of the swelling and pain; and eventually the discharge entirely ceased, the opening practically healing. Shortly afterwards, the swelling and pain came on again, followed by the bursting of another abscess, and resulting again in healing. This has happened three or four times in the last twelve months. At present he has some slight œdema of the upper eyelid, and it is red and tender, and there is a small sinus at the junction of the upper and middle thirds of the upper border of the lid. He admitted he had had a discharge from the nose on the same side as the swelling as long as he could remember. On examining with the speculum, it was seen that the typical canary-coloured pus was present in the middle meatus on that side of the nose. We attempted to wipe away the pus so as to see whether it returned at once, but that test was interfered with, because the mucous membrane was so congested that the moment it was touched it began to bleed. I intend to treat this exactly as I have treated the other cases; he will be taken into the hospital and have the frontal sinus obliterated.

Lastly, it occasionally happens, though rarely, that suppuration in the frontal sinus is *acute* instead of chronic. The majority of cases are chronic from the outset, as far as one can gather; so much so that it is difficult to tell how they commence at all. The majority of patients say that the discharge came on gradually and has been going on for some years, or that it began after an attack of influenza. I will read you the notes of a case of acute suppuration, the only one I have ever seen. The patient was a man, æt. 30, and was admitted into Job ward on November 7th, 1904, for intense frontal headache of two weeks' duration, following an attack of influenza. That bears out the statement often made, that the condition follows influenza. The pain in the head was so intense that his wife said she thought he must go out of his mind. There was marked tenderness over the right frontal sinus, and a slight fulness of the soft parts in the same situation. Nothing abnormal was made out by rhinoscopic examination, so the question arose as to whether this man was suffering from acute

disease of the frontal sinus, or merely from a neuralgic condition following influenza. He had no signs in the nose to point to the possibility of frontal sinus disease. Still, as he was clearly very ill, and as the risk of exploring the frontal sinus is so slight, and the danger of overlooking a distended frontal sinus so serious, I decided to operate. An anæsthetic was given, and a small opening made into the frontal sinus, and a drachm of pus, which was under considerable pressure, escaped. A probe was easily passed into the nose from the frontal sinus. I decided to leave further measures until the acute symptoms had subsided. The cavity was washed out with hydrogen peroxide solution, and a dressing applied. The patient had no further pain, no more pus was secreted from the sinus, and it was firmly healed at the end of ten days. Since then I have seen him several times; there has been no recurrence of pain or swelling, and he has never had evidence of pus in the nose. He has returned to work and seems quite well. If you simply open and drain a case of chronic suppuration of the frontal sinus in this way it will not get well, owing to degeneration of the mucous membrane lining the sinus; but simple incision and drainage seems to suffice for an acute case.

# THE HOSPITAL APPEAL.

### Eleventh List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 50,983 | 9 | 6 |
| Members of Lloyd's, per Edward Beauchamp, Esq. ... ... ... ... | 2,584 | 13 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 6th inst.) ... ... ... | 58 | 12 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £53,626 | 15 | 0 |

## Papers by Guy's Men.

On the Disposal of Our Wounded in a Naval War. Some Dynamic and Hydro-dynamic Effects of Modern Small-bore Cylindro-conoidal Projectiles. By Fleet Surgeon C. M. Beadnell, R.N.—*Lancet*, 19th August, 1905.

## Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

### An United Hospitals' Boat Club.

DEAR SIR,—A paragraph in a late number of the GUY'S HOSPITAL GAZETTE tempts me to write to you with the hope that, with your assistance and that of my colleagues and our students (without whose enthusiasm we can do nothing), it may be possible to resuscitate, if not the old Guy's Boat Club, at least rowing for Guy's men, who may wish for it, by means of an United Hospitals' Boat Club.

I have given the subject much thought, and although I do not propose to submit a scheme in this number, I desire, if you can kindly grant me the necessary space, to appeal, in addition to our own hospital, to others who may look with favour upon rowing.

I do not know if there are any records of the last boat club in the archives of the hospital, but I remember rowing in some "scratch fours," and the day before the last "eight-oared" race between Bart.'s and Guy's I was requested to row, out of training, from Putney to Hammersmith Bridge, as otherwise Guy's would have to withdraw. I rowed four behind Mr. Davies Colley, who rowed five.

Seven men out of the eight hailed from either Oxford or Cambridge, the stroke, curiously, had not even an *ad eundem*, but was very enthusiastic.

We were beaten by about half a length if I remember rightly, which loss I think might safely have been debited to myself.

The hospital, however, had a boat club in 1846, for in the records of Henley Royal Regatta, compiled by the loving industry and ever verdant enthusiasm of my old friend, Herbert Thomas Steward, President of the Leander Boat Club, I find :—

1846.

Stewards' Challenge Cup.

1st Heat.

| Guy's Club, London. | | Dreadnought Club, Henley. | |
|---|---|---|---|
| | | st. | lbs. |
| Bow. | J. C. Forster ... | 10 | 4 |
| 2. | H. M. Gruggen | 11 | 7 |
| 3. | W. Ferguson ... | 13 | 0 |
| St. | G. Cooper ..... | 11 | 4 |
| Cox. | A. Poland. | | |

The records continue :—

"This was so close a race that the umpire declined to decide which had won, it was therefore given as a dead heat. The Dreadnought Club, however, who said they were convinced they had won, refused to row the race again, so Guy's Club contended in the final heat."

Final Heat.

Here I am sorry for once to say they met my old University, and were not successful.

It was a nicely weighted boat for the "ships" of those days, and I can only wish we had bow and cox. with us now, for Cooper Forster was a rare sportsman, and Alfred Poland, like the King of Thule, was one of the best. If any of the others be alive or not I cannot tell, but if still living, I am sure old and young at the hospital would like to hear from them ere they take the final look "across the bar."

Vivat Guy's Boat Club, say I.

CAPTAIN, ORIEL COLL., 1863, 64, 65.

United University Club, Pall Mall,
August 24th, 1905.

P.S.—The account of Mr. Cooper Forster in Wilks and Bettany gives Guy's Boat Club as the champion of the London river, and Mr. Cooper Forster as the best trainer. I may here insert that on the occasion of my rowing four in the Guy's eight, Mr. Cooper Forster was at the finishing post with champagne cup and cigars, and that I had the first pull at the cup. There is also a reference to the *Lancet*, April 12th, 1862, which I have not yet had time to look up.

## Guy's Hospital Rifle Club.

DEAR SIRS,—In sending this reply to the letters dealing with the Rifle Club, which appeared in the GAZETTE of July 29th, I must first express my regret at the delay which has occurred. It was due, however, to my having made a mistake as to the date of publication of the last GAZETTE.

To deal with the letter of "Disgusted Shootist;" I see that the other members of the committee are called upon to declare themselves. I am afraid that appeal is not likely to meet with any very great success, for nobody at present in the hospital is capable of saying who those gentlemen are.

This unfortunate state of affairs is due to the fact that the late hon. sec.—that is the one elected at the last general meeting—left the hospital in the early part of the year in a somewhat hurried and inauspicious manner, and was inconsiderate enough to take with him the minute book and all records of the club. I may observe that the only members who attended the general meeting in November last, notices of which were posted up by Mr. Felton, were Mr. Felton himself, the late departed hon. sec. and myself. This total of three does not constitute a record for the club, for when I endeavoured to get the shooting men that I knew of to hold another meeting, after the departure of the late secretary, not one turned up.

Since then the only gentlemen who have in any way assisted my endeavours to conduct the affairs of the club have been Mr. Felton, who has now left us, and Mr. R. E. French, the captain of the club. Now that my efforts have ended in disaster, it appears that there are at least two other members who would have been glad to assist. While regretting that they did not bring themselves to my notice sooner, I can only suppose that the same modesty forbade them which has led them to veil their identity under the highly descriptive pseudonyms with which we are favoured in the GAZETTE. To answer the questions in categorical order, I have not posted notices in the case, because my previous experience as secretary has been that nobody ever took the least notice of them. I have endeavoured instead to personally acquaint the shooting men with what arrangements were being made, and have taken considerable trouble to find out if there were any rifle shots among the men entering the hospital.

With regard to the shooting for the Armitage Cup, a team was raised, and, when on the very morning of the match two out of the six members told me that they would be unable to go, I spent the remainder of the morning in an unsuccessful attempt to fill their places.

As regards the prizes, with which the other questions deal, I have only to say that the prizes were allotted *before* the shooting, and there *is* a rule to the effect that one member may not take two first prizes, though it is obviously impossible, in the absence of the minute book, to prove the latter fact. However, several other members are prepared to bear me out in this statement, and will do so at the next general meeting.

With respect to the letter of "Cordite," I should first like to point out that only members of the club have a right to call for meetings, and as far as I have been able to ascertain there is no gentleman bearing that interesting and doubtless appropriate title on the list of members.

Then I am asked why the Bisley team turned up one man short. This I think would be a most suitable question to ask the individual who did not put in an appearance, which was not, I beg to state, the much-abused hon. sec. Seeing that the person, or rather two persons, responsible in this matter are still away, and therefore unable to speak for themselves, I am not prepared to say anything further about it at present.

I fear that this letter has already reached an inordinate length, but I can assure Messrs. Cordite and Disgusted Shootist that it does not by any means exhaust all that I should like to say, and feel ought to be said, in reply to their letters, though I fear they will have to possess their souls in patience until the general meeting, which I will summon as early in October as they like, I shall then be pleased to reply more fully to the questions asked me as well as any others they may wish to put.

They will have an opportunity at the same time of making any arrangements they like with regard to the allotment of the prizes, as none have been awarded at present. As a matter of fact I think that the impecunious condition of the club will probably relieve them from all anxiety in this matter.

Apologising for so seriously encroaching upon your valuable space, and thanking you in anticipation for kindly giving publicity to these remarks, I beg to remain,

yours, etc.,

RICHARD G. ORAM,
Hon. Sec. pro tem.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

## Eleventh List of Collections.

(Received up to Wednesday, September 6th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 63,146 |
| Broome, Miss F. (136s.)—Miss Wrench, 5; Mrs. Storer-Paterson, 3 ... ... ... ... ... | 8 |
| Davies, Miss E. M.—Mr. Taylor ... ... ... | 2 |
| Esther, Sister (17s.)—Miss Forrest... ... ... | 2½ |
| Farr, Miss F. (21s.)—A. S. F. ... ... ... | 10 |
| French, R. E.—Anon. ... ... .. ... | 7 |
| "H. H." ... ... ... ... ... ... | 100 |
| Hayward, Dr. J. W.—Anon.... ... ... ... | 5 |
| Hyde, Miss (8s.)—Miss F. M. Arundel ... ... | 2 |
| Jones, C. E. M. (20s.)—G. Bunell ... ... ... | 5½ |
| Lawson, G. L. L. (74½s)—J. Leathes ... ... | 20 |
| Manby, Mrs. (42s.)—H. J. Toller ... ... ... | 10½ |
| Mills, C. H.—C. H. M., 1; Miss B. H. Harvey, 1; G. M. H., 1; Miss L. M. Hobson, 1; J. H. S., 2 | 6 |
| Moyle, H. H.—W. P. Harvey, 10; Miss M. Gillespie, 21; J. A. Moyle, 10 ... ... ... | 41 |
| Munson, Miss (1s.)—Rev. Crossley ... ... ... | 2 |
| Naaman, Sister (1s.)—T. W. White (Collection) ... | 16 |
| Nicholls, Dr. F. J. (85s.)—Miss M. E. Rowsell ... | 21 |
| Norton, E. L. R. (24s.)—Rev. F. Trevor Bamber | 5 |
| Prickett, Miss—(27s.)—A Friend ... ... ... | 40 |
| Rawlings, Mrs. E. (5s.)—Collection ... ... | 6 |
| Stevens, Miss C. J. (55s.)—Mrs. Palmer ... ... | 13 |
| South Eastern and Chatham Railway Companies' Managing Committee—W. H. Smith & Sons' Collection on Railway Station Bookstalls, 714½; London Bridge Offices (Collection) 49½ ... ... | 764 |
| Taylor, Mrs. F. (119s.)—H. & B. Overman, 2; J. & B. Overman, 1... ... ... ... ... | 3 |
| Tolhurst, St. J. A. M.—Anon. ... ... ... | 3 |
| Turner, T.—Mrs. Hawson, Mrs. Ingham, and W. G. H., 10; R. T., 1... ... ... ... ... | 11 |
| Umney, Reginald (10s.)—Mrs. F. B. Stuart Fox, 2; J. E. A., 1; Anon., 4½; Umney, E. A., 2½ ... | 10 |
| Waterman, Miss (248½s.)—Anon. ... ... ... | 2 |
| Webb, H. J. (12s.)—Miss May Botting ... ... | 5 |
| Wells, Mrs. C. H. (657s.)—G. White ... ... | 10 |
| Weston, Miss (8s.)—L. E. Thackeray ... ... | 2 |
| TOTAL (up to 6th inst.) | 64,278½ |

# Ringworm.

A Clinical Lecture delivered at Guy's Hospital by Mr. GERALD SICHEL, F.R.C.S.

GENTLEMEN,—I suppose only the very inexperienced among us would look upon ringworm of the scalp as a trivial complaint: as a matter of fact it is one of the most worrying diseases which it falls to the lot of a medical man to treat. It is most common among school children at a time when every month, and almost every week, is of importance to their education, and consequently to their subsequent career through life, and its treatment is fraught with such difficulties that only the other day a very eminent physician remarked to me, the only thing to do with ringworm was to leave it alone, as no treatment affected its course, and it would get well by itself at puberty. Well, without asking you to take quite such a gloomy view of the position as that, I want you to realise that the disease is a very important and serious one, which taxes all the ingenuity and patience of both medical attendant, patient, and patient's friends.

Ringworm is most usually met with as affecting the scalp of children, and is then known as tinea tonsurans, but it may also affect the glabrous skin, the nails, and the beard.

It is due to the implantation and growth of a fungus, several varieties of which are included under the clinical term of ringworm.

In the first place, then, I think it will be as well to give you a list of the clinical varieties of ringworm. They are as follows:—

1. Tinea tonsurans, affecting the hairy scalp.
2. Tinea circinata, affecting the hairless skin of the body.
3. Tinea barbæ, affecting the beard.
4. Ringworm of the nails, which is comparatively rare.
5. Eczema marginatum, an old term still used for ringworm of the fork and axillæ.

The botanical varieties of the fungus are also important to remember and to be able to recognise. Shortly, they are described as the small-spored and the large-spored varieties.

1. The small-spored tinea, or microsporon Audouini, is by far the most common variety in this country. It is the common form of ringworm on the scalp. Under the microscope the spores are seen to be arranged as a mosaic. It generally begins before the age of 10 years, and even if left entirely alone dies out about the age of 15. This, however, as I have stated before, is an extremely important period in a child's educational and developmental career.

2. The large-spored tinea or trichophyton megalosporon. Here the spores are arranged in chains or rosaries. This variety of ringworm is said to be the cause of "black dot" ringworm, most cases of "kerion," ringworm of the body, beard, and nails.

Practically it is most necessary to remember that ringworm is (1) essentially a contagious disease, (2) is very

rare on the scalp in adults and very young infants, (3) while it is easy to cure on the body, it is very difficult to cure on the scalp.

It will be most convenient to take the several varieties seriatim from a clinical point of view.

1. Ringworm of the scalp "begins as a red papule round a hair, which soon becomes a small round well-defined scaly patch, pale or greyish red, in which the hair soon shows signs of damaged nutrition" (R. Crocker). The hair becomes dull, and sticks about in all directions, and many short stumps are to be seen. In fact the ringworm patch has been well compared to the trampled circle of grass seen where an animal has been tethered in a field. Untreated ringworm on the scalp is pale, but on the glabrous skin red; on the scalp it is practically never red except in infants under a year old. Tinea tonsurans is, then, essentially a disease of childhood, which in the ordinary way need never be considered after puberty. According to Aldersmith 78 per cent. of the cases are due to the small-spored variety and 22 per cent. to the large-spored fungus.

Nature has a method of curing ringworm by causing depilation and shedding at the same time of both hairs and fungus by means of suppuration. This condition is known as kerion, and it has been said that this method of natural cure is most likely to be met with in the cases due to the large-spored variety. A case I met with the other day in which this process of natural cure was in progress, I found to be due to the ordinary microsporon or small spore fungus.

Ringworm is met with in every grade of society, in fact Aldersmith is rather inclined to think that excessive diet may even act more or less as a preventative. The practical point here is that we must remember that ringworm may occur in any child, and another practical point is that ringworm is much more common among children than is usually thought; a small scurfy spot with one or two broken-off hairs is very easily missed, and often supposedly cured cases will persist as small scurfy spots the size of a pea.

Whereas the microsporon practically never attacks the scalp after puberty, there is no such age limit in the case of the large-spored fungus. There are two varieties of the trichophyton megalosporon, namely, the endothrix and the ectothrix, being found respectively *in* the hair-shaft, and *surrounding* it. The latter is of animal origin, and the former causes the black-dot ringworm of Aldersmith. In black-dot ringworm the affected areas form bald patches somewhat resembling alopecia areata, the smaller spots showing stumps of hairs broken off at the surface and only looking like black dots. I have recently had a case of this disease sent to me by Sir Cooper Perry, in a young lady of about 21 or 22 years old, which had resisted all kinds of treatment for the last six years.

I think the most simple way to examine the affected hairs is to carefully choose your hair to start with—it is easy enough to carelessly epilate a healthy one haphazard—pull it, and several other chosen ones, out with a pair of forceps, and after soaking in ether for some time —say 20 minutes—examine under a $\frac{1}{8}$th in liquor potassæ from time to time until the preparation clears, when the spores and their arrangement become clearly apparent if they be present; it is important not to be misled by minute oil globules separated from the fat by liquor potassæ.

2. Tinea circinata.—As I have said before, ringworm of the scalp usually produces but little redness: on the non-hairy skin not only is there considerable redness, but even vesicles are often developed. The patches are scaly and usually circular, and the vesicles form a ring at the circumference, sometimes a recrudescence occurs in the centre of the patch, and two or more concentric rings of redness and vesiculation may then be met with.

It is extremely probable that both forms of fungus may give rise to ringworm on the glabrous skin.

3. Tinea barbæ causes the fungous variety of sycosis: the ringworm invades the hair follicles and gives rise to a lumpy folliculitis, usually pustular, and according to Sabouraud, the fungus of suppurating tinea sycosis is always trichophyton megalosporon ectothrix, and of animal origin. In the more severe forms the inflamed follicles form red elevations covered with pustular points, which our medical forefathers, with highly artistic imagination, considered to resemble the interior of a fresh fig—hence the name sycosis. The hairs are loosened in the follicles and easily removed for examination. At first the pus formation may be solely due to the fungus, but later pus cocci also are to be found.

The disease appears to be usually caught at the barbers, so much so that the popular name is barber's itch—probably from a dirty shaving brush.

4. Ringworm of the nails—onychomycosis—is due to the large-spored or "rosary" fungus. The nails become chipped and split at the free border, and of a dirty yellowish or black colour, and the surface is fibrous or rough. The disease must be looked for elsewhere. It may last for years, as may easily be understood when the fungus exists in such a hard and resistant substance as the nail.

5. Eczema marginatum: this name is applied to ringworm when it affects the groins and axillæ. It is the Dhobie itch of the tropics. It is most common in the fork and spreads down the thighs, and less often on to the abdomen. Owing to the heat and moisture of the regions attacked, and the high temperature of the tropical climates in which it is most commonly met with, the disease spreads quickly, and, contrary to tinea circinata, is unusually resistant to treatment. When I was serving in the Navy on the East Coast of Africa, I recollect having a most troublesome case in one of our midshipmen.

The affected skin looks and is distressingly irritable, and the margins are characteristically abrupt.

Now to shortly consider the question of diagnosis. When they can be found microscopically the presence of the fungus-spores of course clinches the diagnosis. Nevertheless, Radcliffe Crocker states that there are few diseases of the skin in which errors of diagnosis are so

frequently made as in ringworm of the scalp. Such errors may have disastrous results among a community of school children.

Remember that loss of hair on a scaly patch in a child means ringworm, remember that in fair children instead of sticking up in all directions the hair may seem almost matted down, wool-like and powdery, and remember after treatment that persistent scaliness means that the disease is not yet cured. It is very important to bear these three facts in mind, for your reputation may one day depend on not making a mistake of diagnosis. The short brittle hair stumps serve to distinguish ringworm from seborrhœa, eczema and psoriasis.

Tinea barbæ may be diagnosed by the rapid spread of the folliculitis, by the irregular lumpiness caused and by the early loosening of the hairs; in sycosis due to micrococcal infection the spread of the affection is slower, and the hairs are at first not easy to epilate.

In ringworm of the nails, apart from microscopical examination, which is not easy here, a diagnosis could only be made by finding the disease elsewhere, or by a history of possible infection.

Eczema marginatum can be distinguished from eczema and mere sweat rashes by its well-defined abrupt margin.

In the *treatment* of tinea tonsurans, the great stumbling block is that the disease exists in the hair or hair follicles beneath the surface of the skin; therefore, most modern methods aim at a temporary baldness, the hair, and with it the disease, being got rid of. At the same time, it is useful to combine mild antiseptic applications, so that the disease may be prevented from spreading from affected to healthy hairs during the treatment.

Colcott Fox, in a recent number of the "Practitioner," laid down the following general rules of procedure:—

1. *Examination.*—Besides the scalp, the smooth skin and the nails should be examined. On the scalp the one unfailing resource is the recognition of diseased stumps.

2. *Cutting the hair.*—It is best to have the hair kept clipped about half an inch long all over the scalp. This enables one to recognise the diseased spots, which would not be the case if the scalp were shaved, and is short enough to prevent auto-inoculation (for you can easily imagine that long hair first of all lying over a diseased patch and then over healthy scalp must be a fertile source of the spread of ringworm all over the head). With girls especially it is difficult to persuade the patient's parents to have this done, but the more cases one sees, the more important does this measure appear.

3. *Mark out diseased areas*, especially small commencing spots, with iodine solution or an aniline pencil, and never lose sight of even a single diseased stump.

4. *A head covering* of calico or linen should be made and worn night and day.

5. *Washing the head* should be rather avoided than otherwise, so long as moderate cleanliness is preserved.

6. *Auto-inoculation should be prevented* by rubbing in carbolised vaseline or glycerine, &c., into the healthy parts of the scalp.

Whatever method of treatment you adopt, you will do well to keep in mind those six preliminary principles laid down by Colcott Fox.

Now as to some of the methods of treatment. Although there are many parasiticides which are fatal to the fungus, yet when the latter is securely seated in the hair within the hair follicle, it can cheerfully disregard the most powerful application to the surface of the skin.

The other method, besides the parasiticide one, is the removal of the disease bag and baggage by means of epilation or depilation. Aldersmith recommends the application of croton oil as the best means of obtaining a temporary alopecia. It may be simply rubbed into the patch of ringworm with a brush, when the precaution must be taken of spreading carbolised lanolin (1 in 8), or some other greasy substance around the spot to prevent the croton oil running, or croton oil needling may be employed. Here the needle, lightly coated with a film of the oil, is gently insinuated into the diseased follicle; the hair thus loosened can often be pulled out entire, or if not is later shed by the formation of pustular folliculitis.

Croton oil is painless, except on patches already inflamed, but it requires most careful handling, as it is a very powerful remedy, and, moreover, different patients have different susceptibilities.

When croton oil is simply applied to the surface, the requisite amount of inflammation is hastened by means of a small sticky linseed poultice, which is left on till next day, when the process is repeated. The inflamed surface must be kept clean and free from pus.

Another treatment that has been much lauded in some quarters is the application of formalin, but it has two most serious disadvantages: (1) it is very painful, and (2) the necessary limit of inflammatory reaction is very easily overstepped, and instead of temporary alopecia, the operator is very likely to be rewarded with a permanent bald spot.

These methods by croton oil and formalin are simply attempts at copying nature's method of cure, *i.e.*, causing an artificial kerion whereby the affected hairs are loosened and shed by a process of suppuration. If by these methods the hairs do not come out quite spontaneously, the process must be completed by means of epilation forceps, after the sensibility of the skin has been deadened by the application of cocaine 10 per cent. in lanolin, but even thus very young or timid children will not stand the hairs being pulled out.

Various other inflammatory remedies have been recommended by various authorities from time to time, such as chrysarobin (Morris), izal (Frazer), spirits of turpentine, and even common salt.

One of the most recent advances of dermatology is the X-ray depilation of ringworm of the scalp. Although it was suggested as long ago as 1896 by Freund, of Vienna, it has only recently become a practical means of treatment. Sabouraud of Paris is chiefly responsible for its establishment as a recognised method, and it is now used in the Municipal Ringworm Schools of Paris.

The source of electricity employed by Sabouraud is the static machine. Regulating X-ray tubes are employed and the alternative spark gap is kept below four inches. The tube is enclosed in a metal shield with an opening in it, which can be varied in size as required, and to which metal cylinders of varying diameter can be attached, thus keeping the anode of the tube six inches from the scalp. The dosage is regulated by means of sensitive platino-barium-cyanide discs, which become altered in colour after a certain dose of X-rays. On a damp day a longer exposure is necessary than on a dry one.

If there be only one or two patches, a metal or lead glass tube may be used to limit the action of the rays to the desired spots, but if the disease be universal, then total depilation must be aimed at. The hair having been cut short the scalp is marked off into four areas with a blue dermographic pencil, and these are subjected, one by one, to the action of the X-rays, the other areas, right up to their borders (so that there shall be no overlapping) being religiously protected with a sheet of lead foil.

MacLeod, of Charing Cross Hospital, has estimated that with a spark-gap of three inches, and a current of ·5 milliampere in the secondary circuit, the time of exposure on a dry day should be about sixteen minutes.

With our apparatus at Guy's we use considerably less current—generally about ·2 milliampere (as estimated by Leslie-Miller's milliamperemeter), so that I propose in future to give rather longer sittings than MacLeod.

One has to feel one's way very, very carefully with this treatment.

The hair begins to fall out about a fortnight after treatment, and the defluvium is complete in about a week. In another six weeks healthy hairs begin to grow again, and have completely regrown in about three months.

During the treatment an antiparasitic application must be used to prevent the disease from spreading. If the first application of X-rays is not successful, a second exposure may be given after waiting three weeks.

In anything beyond very small and localized patches which could be treated by needling with croton-oil, X-rays appear likely to be the treatment of the future for ringworm of the scalp. Like all X-ray work, however, there is a certain amount of risk, and the greatest care and attention to detail is called for.

Quite recently Jamieson, of Edinburgh, has recommended the use of pyroloxin, which is oxidised pyrogallic acid; he cuts the hair very short, washes it twice a day with a superfatted soap, and follows each washing by rubbing in Pyroloxin grs. 10; Precipitated Sulphur drm. ½, Hyd. Ammon. grs. 15, and vaseline oz. i. In infants of a few months old ringworm of the scalp is almost as easily cured as tinea circinata.

Tinea circinata is generally curable in a week or two with Ung. Hydrarg. Ammoniati, or any parasiticide ointment regularly applied.

Eczema marginatum, on the other hand, is very troublesome to treat, especially in the tropics, and in obstinate cases such an active remedy as Ung. Chrysarobin may be required. If I recollect rightly, this is what eventually cured the patient I referred to above; it is an ointment recommended by Radcliffe Crocker.

The best treatment for tinea barbæ is complete and systematic epilation over the whole affected area, followed by the immediate application of a parasiticide ointment. Norman Walker recommends a 10 per cent. oleate of copper ointment.

Ringworm of the nails, as may be imagined, the fingers being enclosed in such a dense resisting structure, is very difficult to eradicate. Cut the nail as short as possible, and scrape the rest down thin with a piece of glass, and then apply a parasiticide.

The treatment of Harrison, of Bristol, is described as being the most successful. He applies first a solution of iodide of potash in liquor potassæ, followed by a solution of perchloride of mercury. The theory is that the iodide is thus enabled to penetrate the softened nail, to be followed by the mercurial salt, and that the red iodide of mercury is then formed in the immediate neighbourhood of the fingers. I do not think it necessary to give more than this bare outline of the treatment of ringworm of the nails, as the complaint is by no means a common one.

Finally, no case of ringworm of the scalp can be considered cured until, after discontinuing whatever treatment may have been adopted for three weeks, no trace of scurfiness and no broken stumps of hair remain to be found after a careful and minute examination.

Another precaution it is well to take, if the patient have brothers and sisters, is to have the unaffected children's hair kept cut short, washed daily, and treated with some mild antiseptic such as carbolic glycerine (1 in 8) to prevent infection.

Ringworm is essentially a disease in which prevention is better than cure.

## Change of Address.

Dr. H. Evelyn Crook, from 64, Castletown Road, West Kensington, W., to Ivermore, Richmond Road, Twickenham.

Dr. H. Knights Rayson, from 86, Osmaston Road, Derby, to Steytlerville, Cape Colony, South Africa.

Dr. E. W. Routley, from Guy's Hospital, to the Municipal Buildings, Aldershot.

F. Sydney Smyth, F.R.C.S., from Castleacre, Adelaide Road, Brockley, S.E., to Castleacre, Cobham Road, Westcliff-on-Sea, Essex.

Mr. C. H. Reinhold, I.M.S., from St. John's Hospital, Lewisham, to c/o Grindlay & Co., Army Agents, 54, Parliament Street, Whitehall. S.W.

Dr. J. Freeman Douse, from 27, Helix Gardens, Brixton Hill, to 125, Lyndhurst Avenue, Streatham Hill, S.W.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# The Ward Clerk.

It is the discourteous habit of some of us to think little of that most useful and valuable adjunct to our clinical functionaries, the Ward Clerk. We look on the ward clerk—and as such we mean primarily and distinctively the surgical ward clerk—as the most junior of us, as a carrier of pails and a wheeler of trolleys, if not actually as a hewer of wood and a drawer of water. And yet, if the truth must be told, who is there who, if he would have his wish realised, would not care to go back a year or more and become ward clerk again, with all the anticipatory thoughts which that office necessarily brings? "When I was a ward clerk," in the mouth of an old Guy's man, brings a whiff of sadness with it, a flavour of a retrospective delight such as an old-fashioned dives displays when he talks of his '76 port vintage. "When I was a ward clerk"—the most interesting and exciting period of our clinical life, when ward work had all the interest of novelty, and the front surgery, with its take-in, a thing to look forward to. When we were ward clerks we entered upon a field of study that was absolutely refreshing after the monotony of the dissecting-room—a field where

Every prospect pleases
And only —— is vile.

The gap being filled in by each of us after his own peculiar inclination, liking or aversion. At one time the ward clerk's *bête noire* was the surgical registrar, but if one were to take the consensus of opinion, it would be seen that no two ward clerks agree in their likes and dislikes of individuals or duties, except in this, that the continual putting on of H.B.F.'s is apt to become wearisome to the soul.

It is interesting to trace the history of the ward clerk's development, though that is a study which has, unfortunately, been little attended to by researchers. Had Hippocrates his clerk, or Ibn Hafiz, Maddesden or Vesalius? We may postulate that they had, all and several, although the names of these functionaries have not descended to us. What was Celsus but a glorified ward clerk, a genius of the genus, with a marvellous memory for detail and a vivid power of description? Browne had his clerk, who probably took down some part at least of the anatomy of melancholy; Larrey, Napoleon's "baron of surgeons," had his, and no doubt there are many other examples that could be cited had one the desire and the relish to search for them. But the mediæval clerk was his master's mimic, like my lord cardinal's chaplain on a feast day, and the classical picture of the brazier boy in attendance on the leech who tried to bleed Gerrard in "The Cloister and the Hearth" is probably a caricature, like Hotspur's fop with his description of "spermaceti for an inward bruise." In the many "Lessons of Anatomy" in various continental galleries there is usually to be seen, modestly in the rear ground, the figure of an immature-looking youth whose face seems to express the ebbing traces of that compound of curiosity and disgust which overwhelms the beginner in the dead-house duties. It is the portrait of the junior student of the class who filled (at least in the universities of Groningen and Leyden, from which most of the artists drew their types) the office of note-taker and archivarius. Fine boys, they must have been, with grave faces—the sort of youth who, like Boerhaave's student, got diabetic coma from overstudy,* and who never by any chance used such vulgar expressions as "fitting," "pussing," G.O.K., and such like slang!

No less interesting, more so perhaps because it must of necessity be speculative, is the future history of our ward clerk. What is to become of him? Alas, there are signs—how true or how justly foretelling the coming event it is difficult to say—that make one incline to think that there will eventually be no more ward clerks. The tendency of the day is towards specialisation. All men specialise nowadays, and most women for that matter. Bit by bit, the branches of knowledge are becoming extended, enlarged, hypertrophic, and we have not yet found out a method to enable the human brain to extend also and to undergo compensatory intellectual hypertrophy. There

* "Noctes diesque studiis incumbebat et somnum arcebat continua pocillatione theæ atque caffeæ"—a method too drastic to be recommended to modern ward clerks.

must come a day when Albutt will have expanded to the dimensions of the Chinese Encyclopædia, when the surgical text-book for the Final Conjoint is in eight volumes, and the syllabus of things necessary for a medical student to know expanded so as to embrace advertisement writing and a knowledge of the philosophy of St. Thomas Aequinas and the study of eugenics. There must come a day when the surgical ward clerk will no longer be possible—when specialisation has progressed so far that there will be, say, clerks for the department of plastic operations, for the department of radium treatment, for the department of cancer, or the lateral anastomosis ward. Possibly they are far-off days; perhaps, too, they are nearer than one thinks. In a few years' time, maybe, the ward clerk will become merged into some other minor official, and the man fresh from his second will have to undergo a probationary period before he is allowed to do so much as write "admitted for." Then when that time comes there will be further curtailment of the historic duties that appertain unto his office. No longer will he lay the tea table—already he does his washing-up on Sundays by deputy—no longer will he open pine chunk tins at supper. Instead he will contribute to the *Lancet*, give anæsthetics, and generally make himself useful, not in the simple servile way which is the present condition of his guild, but in a highly professional manner. In short, he will be a qualified individual, for at the present rate of growth of specialism it seems reasonable to expect that in future no unqualified man will be allowed to hold even the most junior appointments at a general hospital. There will be ward clerks still, but they will be dummy ones, students, that is, practising bandaging on lay figures, clinically questioning specially-arranged phonographs that, in reply to appropriate inquiries on the part of the student, will proceed to detail the symptoms of every conceivable surgical disorder. There will be a mechanical registrar, going round three times a day, its movements, questions and elucidations being controlled by the electrical department, and, as it is highly probable that by that time science will have found out some far more comfortable and convenient way of treating fractures than by putting on plasters, there will be a special historical class at which future ward clerks will learn the details of such antiquated obsoletenesses as Crofts, Clines, Hodgens and Desaults. In the Front Surgery all dressings will, of course, be done by machinery, and the sole use of the clerk will be to oil it, to attempt to reason with drunks and wounded and hysterical ladies, and to take notes of every case that is beyond the ingenuity of the machinery to deal with. The dressers'-room will be unknown, the hospital generously providing a supply of supper tabloids on the generous scale of Professor Chittenden's diet table, for the use of the taking-in firm. And, to crown all, the ward clerk will strut about in top hat and frock coat, and attain the dignity of a special board in the office to show the officials which of them are in hospital at any special time.

Visioned in this way, the ward clerk's future bristles with horrors, which, if he can wholly escape them, will leave him much as he is, while if they inevitably come to pass, will make his "When I was a ward clerk" in after-life a reflection that recalls far less pleasurable recollections than it does to-day.

## A Case of Intestinal Obstruction.

ABOUT midnight on Sunday, August 27th, F. R., æt. 44, a shoemaker by trade, *walked* into the Front Surgery and complained of abdominal pain accompanied by vomiting. He was admitted into Addison, and stated that he had been "troubled with his bowels and with hæmorrhoids for some time." It was difficult to obtain much history from him, but he definitely stated that his bowels had only been opened once in the last seven days, and that but slightly on August 24th. The vomiting had been more or less persistent for three days, and he had noticed no recent change in the character of the vomit, which, however, on admission, was distinctly fæcal. In the ward his pulse could not be felt in the radial or temporal arteries, but was just perceptible in the femoral artery, about 80 per minute. He was sweating profusely, but was not very cold or collapsed. The abdomen was not very rigid or distended, and no peristalsis was visible; no herniæ could be felt, and nothing abnormal could be felt in the rectum. In the abdomen, however, were two hard masses, one in the left iliac

region immobile, the other in the right hypochondrium, which appeared freely movable in all directions. The abdomen moved fairly well on respiration, but was slightly tender; otherwise there was no pain. Intestinal obstruction, owing to some malignant growth, was diagnosed, but it was considered that the patient's condition prevented operation, so it was decided to stimulate and watch him.

During the whole of August 28th he continued to have two-hourly injections of Strychnine m.v., but the result of each injection was a radial pulse which could be *just* felt for only about three-quarters of an hour after each injection and then disappeared again. The vomiting, however, ceased about four hours after admission, and a soap enema was returned with some solid fæces, while the bowels were opened once without an enema, a small fluid motion resulting. During the day he took a fair quantity of milk and kept it all down, but towards evening he became weaker and would not take anything. His urine then, which had hitherto been normal, became bright red, and was passed as almost pure blood. This was thought to be further evidence in favour of the diagnosis, as indicating malignant disease of the kidney —either primary or secondary.

During the night of August 28–29th he became weaker and suffered much pain, for which morphia was necessary, death taking place at 11.30 a.m. on the 29th, thirty-five hours after admission.

*At the autopsy*, there was no malignant disease, but two enormous cystic kidneys were found. The left measured thirteen inches by five, and weighed 1,560 grammes; the right was nine and a half inches by five, and weighed 1,030 grammes. They were of the ordinary type, and consisted of a mass of cysts varying in size up to about two inches in diameter, and containing some dark brown fluid and some brighter blood; no obvious kidney substance was visible. These kidneys explain the masses which were felt in the abdomen and also the hæmaturia, but the cause of the intestinal obstruction was not so obvious. The lower six feet of the small intestine was collapsed, and its walls were dark in colour. The mesentery was twisted on itself, but there was no acute inflammation nor gangrene of the gut. This collapsed intestine lay in coils in the pelvis, and appeared to be kept there by the lower poles of the two kidneys, which were here closely approximated.

The case is interesting, as though the kidneys presumably contained some cysts at birth, yet the man had lived to forty-four, and had then not died of uræmia, but of intestinal obstruction. The vomiting could not have been uræmic, as it was distinctly fæcal, and the man was conscious to within a few minutes of death. I am indebted to Dr. Shaw for permission to publish the notes of this case.

F. W. M. P.

# Nursing News.

Matron's Office.

On July 31st, Nurse Bromwich left the Hospital on completion of her three years' training, and Probationer Faull was appointed to succeed her as Head Nurse in Bright ward.

On August 2nd, Nurse M. Sheldon left the Hospital on completion of her three years' training, and Probationer B. Davis was appointed to succeed her as Head Nurse in the Theatres.

On August 7th, Nurse Lear left the Hospital on completion of her three years' training, and Probationer Leiders was appointed to succeed her as Head Nurse in Lazarus ward.

On August 9th, Nurse Cannell left the Hospital on completion of her three years' training to take up her duties on the Private Nursing Staff, and Probationer Hucklesby was appointed to succeed her as Head Nurse in Mary ward.

On August 17th, Nurse F. Evans left the Hospital on completion of her three years' training, and Probationer Rogers was appointed to succeed her as Head Nurse in Martha ward.

On August 17th, Nurse Bevan was appointed to succeed Nurse Powell as Head Nurse in Cornelius ward, and Probationer Parkins was appointed to succeed Nurse Bevan in the Isolation wards.

Nurse Denton, who completed her training in February last, left the Hospital on August 21st, and Probationer Whitefoord was appointed to succeed her as Head Nurse in Miriam ward.

On August 30th, Nurse Dawson left the Hospital on completion of her three years' training, and Probationer McKay was appointed to succeed her as Head Nurse in the Out-patient department.

On August 30th, Nurse G. Harvey was transferred to the Light department, and Probationer Mudge was appointed to succeed her as Head Nurse in Charity ward.

On September 5th, Nurse Oliver left the Hospital on completion of her three years' training, and Probationer Joyce was appointed to succeed her as Head Nurse in Stephen ward.

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

## Dental News.

WE regret the absence, in the last issue, of a Dental Column, and would like to explain that this was owing to several letters and notes that had been promised to us not arriving till a week after the paper was published.

We would point out to all Dental men the fact that promises of news, etc., are scarce, and that the fulfilment of these even more unusual, so that it behoves those who are interested in their column to do all that is in their power to make a success of this item—which, though several times commenced, has always run a brief and lifeless course, and that so long as the Dental School treats "Dental News" as a one-man show, so long will the results be unsatisfactory.

We have been told, times out of number, that an interesting case was being treated, and have been given verbally a brief and involved description of the same, but in very few cases have we received a written account such as is of use; to those who have troubled themselves with collecting data and forwarding to us, we tender our sincere thanks, and trust that the energy shown will in no way flag, but bring us more and fuller details of subjects interesting to us all.

It seems that when, some few issues back, we touched on inlays, we unwittingly deviated from the narrow path of truth, for we find that in the Junior Dental Staff there is a fount of knowledge still untapped, and it is from this source that we obtain the following hints on inlay work:—

In place of the usual gold foil, platinum should be used, and burnished into the cavity in the usual way. After this has been accomplished, pellets of wet amadon should be pressed into the cavity with a soft wood plugger fixed in an automatic mallet. When the foil is removed from the cavity, a small quantity of high-fusing body should be melted in the centre of the impression, the foil again placed in the cavity, and the edges re-malletted in the manner mentioned above. When absolute accuracy of fit has been attained, remove and finish with low-fusing body in the ordinary way.

We give the following interesting case of "Epulis of the Hard Palate," as received by us:—

In February of this year a Miss E. M. B., æt. 38, was seen by writer. She wore a partial upper and partial lower vulcanite denture. The upper denture extended within a quarter of an inch of the junction of hard and soft palates, and the following teeth only remained in the maxilla—7, 6 | 1, 5, 6, 7.

In the centre of hard palate, slightly to right of median line, was a tumour of fibroid structure and not very vascular or sensitive. The growth was about half an inch by half an inch, and was roughly lobulated and in shape like a clover leaf. It was pedunculated, and the top of the growth was practically on the same level as the rest of the gum covering the palate, and was only observed on careful inspection. On exploration with a blunt probe the growth could be lifted up all round the edge. The patient had never experienced any pain, and the only discomfort felt was the tendency of the upper denture to fall. The growth of epulis was slow, about eighteen months as far as patient could remember. There was a certain amount of hypertrophy of gum, particularly on the *palatal* side of alveolar ridge, with a tendency to new epuloid growths. The upper denture quite covered growth, which appeared almost in the position of a suction chamber, although there was none on denture, nor had patient ever worn a denture with a suction chamber. The growth was radically removed and bone scraped, and up to present no recurrence has taken place. The growth lay in quite a deep depression in palate about a quarter of an inch in depth. Patient's family history is not very reassuring, as her father died of cancer and also her father's sister. The mandible was quite normal in appearance, the gum appearing quite firm and healthy-looking. I omitted to mention there were no buried or septic roots in the mouth and the dentures were well-fitting, and therefore there was absence of mechanical irritation.

## Reviews.

*The price of books submitted for review should in every case be stated.*

*Dispensing Made Easy.* By Wm. G. Sutherland, M.B. 2nd edition. Pp. 104. (Messrs. J. Wright & Co., Bristol.) 3s. 6d. net.

This is another of the large number of books which have been written in the vain endeavour to teach the medical student what he can only learn by practical, and often bitter, experience. Still, unlike many similar books which we have received, this will, we think, be found very useful, as it is most practical, full of welcome hints, and obviously written by a good dispenser, who has found the solution of many little difficulties which he has met with in the course of his work. The opening chapters are very good, especially that on how to fit up a dispensary, though we object to the advice that a "facsimile rubber stamp of the surgeon's signature will save an enormous amount of time" with *certificates*. The hints on economy are very good, and it is shown that half the drug bill is for spirit, which can be largely dispensed with by using infusions, etc., instead of tinctures.

## Papers by Guy's Men.

The Prevention of Enteric Fever among Young Soldiers in India. By Major G. T. Rawnsley, R.A.M.C. —*Journal of the Royal Army Medical Corps* for August, 1905.

A Case of Kala Azar. By Captain J. C. B. Statham, R.A.M.C.—*Ibid.*

On Ligature of the Innominate Artery, with Report of a successful Case. By A. W. Sheen, M.D., M.S. Lond., F.R.C.S.—*Annals of Surgery* for July, 1905.

# Hospital News.

## Cases in the Medical Wards.

UNDER DR. TAYLOR.

MARY 21. Splenomegaly. X-rays. Improvement. Does not conform to any known type of blood disease. February 17th.—Leucocytes, 7,500. Red corpuscles, 3,600,000. Hæmoglobin, 50 per cent. August 31st.—Leucocytes, 1,562. Red corpuscles, 6,450,000. Hæmoglobin, 92 per cent.

22. Acute rheumatism, fourth attack. Aortic disease. Mitral regurgitation and stenosis.

23. Marked dyspnœa. Rheumatic endocarditis. Mitral regurgitation.

29. Pyloric obstruction. Pylorectomy.

30. Failing heart. Rheumatic endocarditis. Mitral disease. Pleuro-pericardial rub.

31. Failing heart. Rheumatic endocarditis. Mitral stenosis and regurgitation. Tricuspid regurgitation.

34. Pericarditis with effusion. Exploration of pericardium.
Mitral regurgitation.

38. Presystolic thrill. Mitral stenosis and regurgitation. Aortic regurgitation. Pleuritic rub.

ADDISON 26. Rheumatic endocarditis. Mitral stenosis and regurgitation.

27. Basal phthisis.

28. Typhoid. Third relapse.

31. Pyloric obstruction. Gastro-jejunostomy.

34. Cerebral embolism. No loss of consciousness. Atheromatous stenosis and regurgitation.

36. Left sub-diaphragmatic abscess. Calcified hydatid cyst.

41. Appendicitis. Gout. Delirium tremens.

42. Cerebral hæmorrhage. No loss of consciousness. Phthisis.

46. Granular kidney. Chronic Uræmia. "Uræmic asthma."

UNDER DR. HALE WHITE.

MARY 2. Abdominal aneurysm. Laparotomy.

4. Chronic Bright. Large white kidney. Treated by Röntgen rays.

5. Aortic and mitral stenosis and regurgitation.

10. Cirrhosis of liver. Ascites. Aortic obstruction and mitral regurgitation. Laparotomy and subsequent puncture.

12. Chronic peritonitis. Perihepatitis. Obstructed inferior vena cava. 40 tappings.

13. Phthisis. Pregnancy. Tubercular laryngitis. Normal temperature.

MARY 14. Acute phthisis.

17. Chronic Bright. Small white kidney. Occasional acute attacks.

19. Mitral regurgitation. Aortic obstruction and regurgitation. Right-sided pleuritic effusion. Twice tapped. Ascites.

ADDISON 3. Mitral stenosis and obstruction. Musical systolic bruit.

6. Granular kidney. Albuminuric retinitis. Chronic uræmia.

7. Perforated appendix. General peritonitis. Laparotomy. Improvement.

14. Lobar pneumonia. Right lung.

17. Failing heart. Œdema. History of rheumatism. No bruits. Mitral stenosis and regurgitation diagnosed.

19. Abscesses. Rectal fistula. Hepatic region explored without result. Portal pyæmia.

21. Boy, æt. 11 years. Acute attack of periarticular swelling over numerous joints. Pyrexia. Leucocytosis. ? Still's disease.

23. Diabetes. Phthisis. Recovery from facial erysipelas.

UNDER DR. PITT.

ESTHER 22. Diabetes. Right hemianæsthesia.

23. Dementia Præcox.

26. Aortic stenosis and regurgitation. Mitral stenosis. Phthisis.

34. Acute rheumatism. Aortic regurgitation and stenosis.

38. Tubercular peritonitis.

40. Right basal phthisis.

STEPHEN 26. Tonsillitis. Acute rheumatism. Pericarditis.

35. Aortic regurgitation.

39. Syphilitic myelitis. Paraplegia.

40. Right empyema following pneumonia.

43. Aneurysm of arch of aorta.

44. Mitral stenosis. Has recently had a pulmonary embolism.

47. Post-dipheritic neuritis. ? Vagus.

50. Pleurisy with effusion, tapped twice. Albuminuria. Albuminuric retinitis.

UNDER SIR COOPER PERRY.

STEPHEN 3. Aortic stenosis and regurgitation. Enlarged heart. Hæmaturia.

4. Right pleuritic effusion. Good physical signs. ? Pneumococcal. Tapped.

11. Intra-cranial tumour. Early optic neuritis. Paralysis left vocal cord. ? Growth or aneurysm in mediastinum.

12. Sarcomata cutis. Involving right side of face, ear and eyelids, extending down to clavicle. X-rays.

13. Empyæma. The second patient has had within eighteen months. Resection of rib.

STEPHEN 21. Mitral regurgitation. ? Stenosis. Heart failing. Orthopnœa.
22. Acute rheumatism. Systolic bruit at impulse.
23. Carcinoma of stomach. Well marked peristalsis and succussion splash. Patient has a small, hard, subcutaneous nodule just above umbilicus.

ESTHER 3. Spleno-medullary leuchæmia. Size of spleen : Sixteen inches by nine Leucocytosis, 160,000 per c.mm. Myelocytes, 65 per cent. Leucocytes diminishing under light treatment.
8. ? Meningitis.
10. Acute rheumatism. Pt. æt. 27. No obvious heart lesion.
11. Phthisis. Excellent physical signs. There is marked pigmentation of buccal mucous membrane. Addison's disease suspected.
12. Cirrhosis of liver. Ascites. A little jaundice. Liver not perceptibly enlarged. Signs of neuritis.
14. Acute rheumatoid arthritis. A very typical case.
19. Acute rheumatism. Systolic and diastolic bruits in mitral area.
20. ? Congenital heart disease. ? Patent septum ventriculorum.

## From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane* :—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

### NOTICE.

P. A. P., ILFORD.—This sputum contains a considerable amount of pus, but tubercle bacilli are not seen to be present.

PATHOLOGIST.

## Appointments.

### Civil.

RAYSON, H. KNIGHTS, M.D., M.R.C.S. Eng., L.R.C.P., has been appointed Surgeon for the Steytlerville District, Cape Colony.

ROUTLEY, E. W., M.D. Brux., D.P.H. Camb , has been appointed Medical Officer of Health for the Aldershot District and Medical Superintendent of the Isolation Hospital, Aldershot.

### Naval.

Surgeon S. S. H. SHANNON, R.N., has been appointed to the *Victory*.

### Births.

EVERY-CLAYTON. — On the 30th of August, at "Rosslyn," Clevedon, Somerset, the wife of L. Ernest Every-Clayton, M.D., F.R.C.S., of a daughter.

JEPHCOTT.—On the 22nd August, at 2, The Northgate, the wife of Dr. Charles Jephcott, M.A., of a son.

### Marriages.

SPRIGGS—WATSON.—On August 31st, at the Parish Church, Foxton, Leicestershire, Edmund Ivens Spriggs, M.D., F.R.C.P., son of the late Joseph Spriggs, of Foxton, to Alice Mary, younger daughter of Thomas S. Watson, Esq., of Foxton.

BADCOCK—EDGELL.—On August 1st, at the Parish Church, Hampstead, by the Rev. R. E. E. Frampton, John Henry Badcock, of 140, Harley Street, W., to Isabel, youngest daughter of the late Colonel Richard John Edgell, Bengal Army, formerly Chief Constable of Shropshire.

BEDFORD—HALL.—At Emmanuel Church, Saltburn-by-the-Sea, on August 29th, 1905, by the Rev. C. Lomax, Rector of Washington, and the Rev. B. Irvin, Vicar of Saltburn, Godfrey Henry Bedford, L.S.A., Lond., of Harbottle, Rothbury, Northumberland, eldest son of the late Philip William Bedford, LL.D., D.C.L., of Clifton, Glos., and Mrs. P. W. Bedford, of Lowestoft, to Hannah Hall, second daughter of the late William John Hall and Mrs. Hall, of Newton, Rothbury, Northumberland.

DENYER — WILSON. — On August 23rd, at Holy Trinity Church, Kendal, by the Rev. T. C. Phillips, M.A., assisted by the Rev. H. Prince, M.A., Stanley Edward Denyer, C.M.G., M.D., Cantab., second son of Alfred Denyer, St. John's Lodge, Eastbourne, to Sarah Irene, daughter of Forster Wilson, Monument House, Kendal.

EDS.—F. W. M. P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

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## To the October Freshmen.

"Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets: tact, tried in a thousand embarrassments; and, what are more important, Heraclean cheerfulness and courage. So that be brings air and cheer into the sick room, and often enough, though not so often as he wishes, brings healing."

R. L. Stevenson.—Preface to "Underwoods."

WITH the beginning of the October term you will have come among us, and we gladly avail ourselves of the opportunity, which old-established custom affords us, of giving you a hearty welcome, and, if you will allow us, of mingling with our greeting some words of advice and warning—for that, too, is the custom. And if our advice seems to those who have already passed into the life of the hospital trite and common-place enough, we ask their pardon, but persist in the hope that for you at least it may have some special significance. For in the past few weeks you have made one of the momentous decisions of your life, and you are to be excused if in consequence your interest is for the moment self-centred. You have, after long hesitation perhaps, and much searching of heart, at length summoned up courage to knock for admission at the doors of your future, and who shall blame you if now the only sound in your ears is the sound of your own knocking. You may be both brave and sensible, you may be both cheerful and matter-of-fact, but standing there with your hand upon that knocker, you cannot help looking askance at the dark unfriendly exterior which fronts you. It is our pleasant duty to throw open the door, to bid you enter, and to show you the warmth and good cheer within. And if before we usher you into the lights and laughter of our common room we are a little solicitous as to your toilet and appearance, it is because we wish you there to cut as fine a figure as possible.

In the first place, we have already formed a high opinion of your good sense and powers of judgment. You have chosen well in the matter of your profession, and you have chosen well in the matter of your hospital. You have come prepared for hard work. Of all professions you have chosen the most arduous, and as a foretaste of the unremitting labours of successful practice, you have embarked upon a long and difficult apprenticeship.

Upon your work before you come into the wards we hardly venture to offer advice. Your hours of work and of relaxation and the proportion between them must be settled by each of you individually. In a sense, you are responsible to no one but yourself. Your industry benefits yourself alone, your idleness

handicaps yourself alone. Most of you, we make no doubt, will be hard workers, and you will not stand in need of good advice from us urging you to habits of industry. Here we would only urge you to look to it that your industry is as profitable to yourself as possible, that you practise an economy of labour, that you get full value for every hour that is spent in the laboratory or in the dissecting room. In the wards it will often happen to you that, after a whole day's hard work, you may feel that it has profited you little, that you have learned nothing new, that from your own selfish point of view you might as well have been elsewhere. But in the wards you have duties and responsibilities, both to the hospital and to your patients, and you must persist even in unprofitable labour. In the dissecting room you are under no such obligation. There every man is for his own hand, and you are at liberty to invest your time to your own best advantage You will be told, and you must believe it, that anatomy can only be learned in the dissecting room by careful dissection, but do not thereby allow yourself to be persuaded that, to take an example, two hours spent in cleaning the gluteus maximus is not time wasted. Cultivate in the dissecting room the habit of working against the clock, and look on no dissection as well done that is not also quickly done. Try to make your movements as purposive and your progress as continuous as if you were engaged in a surgical operation with the patient, let us say, taking the anæsthetic badly, otherwise you may spend many long and tedious hours in the dissecting room with but little to show for your pains. and habits of unprofitable industry once formed are hard to break.

But it is when you come into the wards that you will more especially appreciate your good fortune and your good sense in selecting Guy's as your Hospital and Medical School. In the first place we are, at Guy's, essentially a happy family. Somehow or other, we have succeeded in avoiding the stiff and rigid formalities which are apt to render the routine of hospitals gloomy and depressing. The very aspect of the wards is here more cheerful, the tiled fire-places, the basket chairs, the curtained bedsteads. We have seen hospitals with wards bare and stiff, with long empty corridors, along which our presumptuous footsteps echo fearfully, where conversation sinks to a hoarse whisper, and laughter is a thing unthinkable. Here you will find that enforced residence in hospital loses its gloomy side, for yourself almost altogether, and perhaps in some degree for your patients.

At Guy's, too, you will have the satisfaction, and it is no small one, of finding that you have, from the first day you enter the wards, your own particular duties and responsibilities, of knowing that without you and your fellow ward clerks, the working of the hospital would be crippled and inefficient. At once you are given this much responsibility, that you are placed in very intimate contact with the patients. From the first, for example, you are set to ask those necessary delicate and personal questions—do it as kindly as you can. From the first you are set to palpate and manipulate—do it as gently as you can. In itself, this is a serious responsibility, and if you have already learned in the dissecting room to be a rapid worker, to make your movements purposive and sufficient, you will be well repaid in the wards. "Never let slip an opportunity of examining a patient," you will hear it often enough, but in common humanity learn to make your examination as short as possible and avoid all vain repetitions. We have seen both the long-suffering patient and the diligent student utterly exhausted in the prolonged struggle of physical examination.

You will be struck, too, by the amount of help which you will receive from almost everyone with whom you come into contact. You will find that at Guy's there is this old-established custom, that whenever it is possible, whenever it can be done without the risk of ill effects, the senior shall make room for the junior. The surgeon allows the house-surgeon under his supervision to do this or that operation, the house-surgeon is the long-suffering and patient drudge of the dressers, and the dressers, with an air of some superiority and patronage, are always ready to efface themselves in the interests of the ward clerk. Upon all these opportunities of doing work under supervision you must eagerly seize. For by them you will

be able to acquire sufficient dexterity to carry you with credit, when the time comes for there to be added the paralysing force of responsibility. From very real responsibility you cannot as doctors escape, but if you make good use of your chances at Guy's, you will at least prevent your sense of responsibility from seizing upon emergency to pervert your judgment and cripple your best efforts.

Nor must you disdain to learn from even your immediate predecessors. From Dr. Taylor you will no doubt gain a great insight into medicine, but you will learn something, too, from your senior ward clerk. It is no doubt good for you to watch Mr. Lucas operate, but it is from your dressers that you will first learn to open an abscess. All this is but part of our hospital tradition, from which you will receive immediate benefit, and which, later on, it will be your task to keep alive and undiminished.

Of your ultimate success we have but very little doubt. You will often be depressed at the slowness of your progress. At times you will not be able to refrain from contemplating the sad possibilities of the future, from indulging in gloomy forebodings as to how you will conduct yourself when responsibilities and worries thicken around you. But if you would live happily and at peace, do so as seldom as you can. Someone has demanded for happiness "a congenial occupation with a sense of progress," and most of us will be inclined to agree with him. Of that progress you will better form some estimate by looking back at the milestones you have passed than by keeping too steadfast a gaze on the long road before. At times, too, you may not be able to keep yourself from drawing comparisons between yourselves and those around you, generally to your own disadvantage, and you will be apt to find the success of others as depressing as your own failure. But if in so doing you grow despondent, remember that a man's pretensions are generally in excess of his merits, and that in medicine, as in everything else, ability appreciably above the average is quite rare and mediocrity the rule. Be of good cheer. You, too, shall some day be a resident.

## Passim.

WITH the present issue of the Gazette the Winter Session may be considered to have begun in earnest. As usual, the issue takes the form of a double number, and is especially intended for the perusal of the new comers among us. In it will be found all necessary information as to lectures, laboratories, books and instruments, together with an account of the scheme of work in the wards, and we strongly advise all Freshmen to read it carefully and to preserve it when read. They will find especially interesting the article on the Guy's Hospital Clubs' Union. The system by which the constituent institutions are incorporated in the Clubs' Union, and by which their finances are regulated, is distinctly complicated, but it has been found to work well in practice and is worth an effort to understand. In this number, too, will be found our annual lay sermon, and this they will read or leave unread as takes their fancy. The work of compiling all this miscellaneous information has, as usual, been laborious, and we are glad to avail ourselves of this opportunity of expressing our thanks to all who have contributed to its completeness.

In our last number we published an Editorial, which announced the intention of the Clubs' Union Council to raise the Annual Subscription from £2 2s. to £3 3s., and which endeavoured to set forth the reasons which made this step necessary—the steady increase in the number of constituent bodies demanding admission—the decreased entry from the competition of the Midland Universities and Schools of Medicine. It has since been pointed out to us that the original estimates of the probable annual expenditure were made at an unfortunate time and upon a false basis. The number of medical students registering in the United Kingdom in

1891, the year from which the estimates of our future income were made, was 2,405. In the following year it had dropped to 1,671. The reason for this was that in 1891 it was announced that thereafter the course of study necessary for qualification would be raised to five years. Hence there was a rush all over the country for students to register under the less stringent regulations. To take the income derived from these registrations of 1891 as the basis for estimates of our future finances, was thus certain to land the Clubs' Union in a deficit. And it has done so.

WE publish to-day a letter from a correspondent who asks as to the state of the fund to erect a Washbourn memorial. The fund, which was opened by the GAZETTE in October, 1902, and was very largely subscribed to by friends and admirers of the late Dr. Washbourn, has recently been closed, and a bas relief has been executed by the same artist to whose skill we are indebted for the memorial to Dr. Wooldridge. The work is now completed and is to be exhibited in the New Gallery this autumn. This circumstance alone has prevented its being erected before now in some suitable position in the hospital.

WE take this opportunity of conveying our hearty congratulations to Mr. R. P. Rowlands on his marriage, which took place on Tuesday, September 12th. To mark the occasion, Mr. Rowlands was presented by the students of the hospital with a silver tea and coffee service.

THE letter, published a fortnight ago, signed "Captain of Oriel College," which urged the advisability of re-establishing Guy's and Inter-hospital Rowing, has called forth two interesting communications. The letter from Dr. Pinching is particularly interesting, because it gives us the history of the famous beer-mug of the dresser's room, in which generations of Guy's men have drunk success to the efforts of innumerable firms. By the way, it would be interesting to know the history of another of our common possessions. Who, and what, was the original of the portrait which hangs above the Clinical's fireplace—a solemn-faced old gentleman, a constant rebuke to the levity around him? Tradition vouchsafes this information only, that on condition that his portrait should hang for ever in the hospital, he generously bequeathed his body to be dissected.

ON Monday, October 2nd, takes place the annual dinner of the Students' Club, at 7.30, in the College Hall, to inaugurate the opening of the Winter Session. Dr. Pye-Smith has again promised to take the chair. The price of the ticket, including wine, is 3s. 6d. The Club dinner was at one time invariably largely attended, and the number of diners was wont to be limited only by the capacity of the dining hall. Of late years, however, owing to various causes, there has been some falling off, and a special effort is needed to ensure success. The dinner is intended, in great part at least, to welcome the October Freshmen, and a considerable number of these have already promised to be present.

THE Hospital Rugby Football Card is now filled up for the season. Amongst others are matches with Oxford and Cambridge, the London Welsh, and the London Irish, with Northampton, the R.I.E.C., and the Old Merchant Taylors. The programme is stiff, and all concerned will have to show more than usual keenness. Freshmen who play Rugby are especially asked to lose no time in turning up at Honor Oak Park and making known their good qualities. Guy's Rugby Football has in the past attained a high standard, and with keenness it should be possible to maintain it in the future. It is peculiarly annoying to have so many brilliant

players still doing appointments, of whose services we are deprived by the existing rules of the Inter-hospital Cup Competition. All that is wanted to arouse general interest in hospital football is that it should be of quite first-rate quality. As matters stand now the best hospital football just falls short of the highest class, and this although we have in residence at present sufficient material to form a team second to none in London. It is expected that Cambridge will open their season by a match against Guy's at Honor Oak Park. Last year, it will be remembered, great disappointment was felt when the University found itself unable to fulfil its promise, and play us upon our own ground. This year we have again their promise. The impetus which such a match, early in the season, will give to hospital football will be enormous.

The Pupils' Physical Society hold their Annual Dinner on Thursday, October 12th, 1905, at 7 p.m., in the College Hall, with Dr. Taylor in the Chair. The price of tickets is 3s. 6d., and space will be reserved for those who have been present at the dinner at the first meeting of the Society this year, which will take place immediately afterwards. As is well known, Professor Osler, F.R.S., M.D., F.R.C.P., has consented to dine with the Society, and afterwards to address the meeting. Under the circumstances we need hardly ask for a large attendance.

We notice, as signs of the times, in this year's Green Book, that the number of weekly lectures in both Medicine and Surgery has been reduced from three to two. Could it not have been managed that that old offender, the Wednesday 3 o'clock lecture, should have been the one to go? On Saturdays, on the other hand, at 9.30, Dr. Bainbridge will institute a new course of lectures on general Pathology.

Work has been begun with unexpected suddenness upon the Dissecting-room. The roof, which for some time past has been far from water-tight, and has allowed the rain to descend in plenty upon both the quick and the dead, has now been found to be in imminent danger of falling altogether. It is feared that the work of renovation will not be finished by the beginning of term.

About a year ago we published a letter which excited considerable interest at the time, criticising the system of Take-in in the Medical wards, which had just then been altered to its present condition. The letter stated what the writer considered to be the weak points of the scheme. Put shortly, they were as follows:—

1. That the direct sense of responsibility to the Physician would be lessened with regard to the nature of the cases admitted.

2. That the new system would not achieve its purpose of keeping up a constant flow of new cases into the medical wards, and that H.P.'s, who naturally prefer to take-in into their own wards, could easily arrange with their colleagues, at the beginning of take-in, to have their own beds empty and the rest full.

3. That every H.P., except the one taking-in, would constantly be receiving new cases. An H.-P., therefore, if he leaves the hospital at all, does so at the risk of losing the benefit of the early treatment of the acute cases admitted. Moreover, whereas under the old system he was liable to one week of sleepless nights out of the four, under the new he is liable to be disturbed at any time.

In the light of the undoubted success of the new system, it is interesting, after the lapse of a year, to read these criticisms and forebodings.

The first objection, though perhaps true in fact, has certainly not had the implied result of making the H.P. more careless in his selection of cases. The powerfully-expressed comments of his fellow H.P.'s on his lack of discernment are likely to be as stimulating as the hinted disapproval of his physician. Moreover, that the new system has succeeded in its immediate object of preventing the accumulation of empty beds before take-in is beyond all doubt, nor have the H.P.'s conspired to defeat that object in the manner suggested. There remains, however, the third objection, and this, we think, is certainly valid. If it could be arranged that acute cases, demanding immediate and active treatment, could be sent in under the ex-H.P. for the week, who is already doomed to stay in the hospital, the life of the H.P. would be rendered much more easy. At present his is probably the most arduous appointment among the Residents.

WE have been asked to make the following announcement :—It is proposed that a class for the study of German should be held in the College during the present term, at a time subsequently to be arranged, by Herr A. G. Haltenhoff, of the University of Berlin, and he invites all who desire to join such a class to communicate with him at 122, Beaufort Street, S.W. In view of the increasing importance of a knowledge of German for medical men, it is hoped that a sufficient number of names will be forthcoming.

## Papers by Guy's Men.

A Preliminary Note on the Treatment of Alveolar Osteitis (Riggs' Disease) by Means of Vaccine.—*British Medical Journal*, 9th September, 1905, and

A Preliminary Note on the Blood in Lead Anæmia.—*Ibid.*, 16th September, 1905. By Kenneth W. Goadby, M.R.C.S., D.P.H., L.D.S.

Vegetarianism and its Effects upon the Teeth. By James F. Rymer, M.R.C.S.—*Ibid.*, 9th September, 1905.

## Dental Ethics.

CLINICAL LECTURE BY MR. W. A. MAGGS.

GENTLEMEN,—The word Ethics is derived from the Greek word "ἠθικά" and originally meant that which relates to "ἦθος," (character). It was first applied to the good and bad qualities of man, as distinguished from universal or absolute good, which is the subject-matter of heology.

In a comprehensive sense Ethics may be said to embrace man's moral duty individually and as a citizen, so that the greatest attainable happiness may ensue to the largest number of persons.

The relationships of life in civilized communities are extremely varied and complex, and on this account new ethical considerations and problems are constantly arising.

Laws and customs help us in coming to just decisions, and our standard of duty in every-day professional life should be no less high than in social life.

In chapter 23, book 15, of the Analects of Confucius, we read that Tsze-Kung asked : "Is there one word which may serve as a rule of practice for all one's life?" The Master said : "Is not Reciprocity such a word? What you do not want done to yourself do not to others." This is an excellent mundane precept, probably the highest that can be placed before us, and if we make it the basis of universal action Utopia may not be far distant. I do not intend to dwell upon abstract questions relating to man's moral duties, but merely to confine myself within the narrow limits of certain obligations which the dentist should extend towards his fellow practitioners and the public.

Dentistry, as you are aware, obtained a recognized position as a profession in the year 1879, a memorable date, for it was then that dental registration first became the sole legal evidence of the right to practise. It must be remembered, however, that registered medical practitioners of this country have always been entitled to practise dentistry.

Of all causes tending to degrade a profession, that of advertising undoubtedly produces the

greatest harm, so that this subject will be first considered.

All professional men—doctors, barristers, solicitors, architects, and others—are agreed that advertisement in any form is unjustifiable, and should be dealt with by excommunication. A registered dentist by advertising renders himself liable to have his name removed from the register if the General Council of Medical Education deem such practitioner "guilty of infamous conduct in a professional respect." In the Dental Register for 1905, it will be found that there are 4,676 names, but 2,302 of these practitioners do not hold dental diplomas. Some of the latter advertise in newspapers, and by pamphlets, cards, handbills, or show-cases; and a small proportion of diplomates in dental surgery are guilty of like conduct, some of whom have been dealt with by the Corporations who granted the licenses.

The difference between a professional man and a tradesman is that the former has reached a standard of learning and skill entitling and fitting him to practise his profession equally with others who have gone through a similar or identical training, curriculum and examination. The inference, therefore, is that each member of a profession is equally capable, and it would be presumptuous and unfair for any member to assume a higher standard. Further, no right-minded man would adopt such a position, nor would he boast of any secret mode of practice or remedy, knowing full well that he had gained all his knowledge from members of his profession, and that duty and privilege compelled him to return what benefit was possible to his *confrères*. The professional man, like the scientist, should be absolutely unselfish.

The public, incapable of forming a true estimate of technical skill, has a right to expect from a professional man perfect honesty and disinterestedness, the interest of the patient being considered before any question of fee or reward.

A tradesman, on the other hand, is allowed to advertise his goods, and the practice is justifiable. He may profess that the goods are better than those of competitors, but the public knows the adage *Caveat emptor*, and accepts such statements with caution.

There can be no two opinions about the impropriety of advertising in any form by dental surgeons. Indeed, I go further, and say that he who advertises in the public press has mistaken his vocation, and is a tradesman at heart. I do not imagine for one moment that any of you will advertise in the gross manner I have mentioned, but there are other ways of offending, insidious but equally unpardonable, and I desire to put you on your guard against one form of advertisement. I refer to testimonials given in favour of proprietary articles—foods, preparations for the teeth, and the like. It is derogatory to one's profession to read of A and B's nostrums being vaunted by qualified dentists, whose names are spread broadcast. No self-respecting man would be guilty of such conduct. I do not blame the tradesman for making use of advertisements with testimonials appended, but I consider the dentist, in allowing his name to be published thereon, is guilty of a breach of professional etiquette. I may here remark that if you should find out, after using a nostrum, that it possesses any specific action, it then becomes your duty to ascertain its composition and to bring it to the notice of the profession.

It is most undesirable that paragraphs should appear in the newspapers notifying attendance at a particular place or on certain days. Such notices should be sent privately to those who are *bona fide* patients, and a similar plan is applicable when changing one's professional address.

It may be asked by some of you, "How, then, am I, a beginner, to become known?" The answer is, that your name on a door plate, with or without the profession affixed, is the legitimate introduction to practice. It is usual in London, and in some of the larger provincial towns, for the name only to be put, and it seems to me the custom of the use of a door plate might be allowed to die out, as one's practice is not due to chance, but is built up by the recommendations of patients and friends. A man's perseverance, integrity, address and general character, will determine his prosperity. His ability and fitness, being founded upon sound education, will eventually become known, the length of time being short or long according

to circumstances, *e.g.*, exceptional skill, competition, mannerism and opportunity. I should be sorry if any of you adopted any unworthy mode of gaining practice, which would be regretted in later life. Do not say, in the words of the apothecary of Shakespeare, "My poverty, but not my will, consents."

In my experience, capable men, unless addicted to some vice, or lacking in sympathy, invariably succeed in life; furthermore, a man's status in a profession is generally shown by the time he reaches forty years of age, that is to say, he will usually prove himself a success or otherwise at two score years.

Dr. Osler, the recently appointed Regius Professor of Medicine at Oxford, says that a medical man should study until twenty-five, investigate until forty, practise until sixty, and then retire with double allowance.

It is always desirable that one's *confrères* in a neighbourhood should be known. It is usual for new comers to call upon old resident practitioners, who should return the call within a reasonable time, say one month.

In London and other large cities it is impossible to follow this custom, but every endeavour should be made to know one's professional neighbours, and it happens not infrequently that such introductions take place through mutual friends.

It should be borne in mind that all registered dentists, with or without diplomas, are equally entitled to professional consideration. Many of the older generation, although perhaps not so well versed in some of the "ologies" as the present day dental diplomates, have much practical skill in operative and mechanical work, acquired in that best of schools—chair-side and work-bench experience extending over many years.

When called into consultation with another dentist show great consideration for the opinions expressed by him, and should you agree or differ upon the treatment of the case, remember that each of you would be able, in all probability, to carry out the proposed treatment successfully, although it may be on different lines. This difference of opinion is particularly apparent in regulation cases.

It is wrong to disparage the work of other practitioners. Some patients are prone to be harsh and illiberal in their judgment of the skill and even the *bona fides* of former dentists under whose treatment they may have been. All such uncharitable remarks are best unheeded and should be quickly forgotten. Further, especial care should be taken that no opportunity be given for the patient to speak in disparaging terms of you or your work.

The General Council of Medical Education has issued a notice that a registered dentist who employs an unqualified assistant is liable to be judged guilty of "infamous conduct in a professional respect," and therefore to have his name removed from the Dentists' Register. The practice is known as "covering," and the notice referred to is intended to protect the public from being treated by imperfectly educated, or perhaps totally ignorant assistants, acting for registered practitioners. The custom, by no means general, is deprecated by all reputable dentists as being indefensible, both in the interest of the patient and the principal. This question raises the important point as to whether a dental student during his hospital career is entitled to act as a *locum tenens*. Legally he has no right to practise, and therefore should not act as an operating assistant or *locum tenens* until he has obtained a dental diploma. It is not a desirable position for a student, and not being legal may jeopardise the position of the dentist, moreover, should any mishap occur in the hands of the student he is liable to be charged with culpable negligence. The resolution of the General Medical Council is intended to apply to dental surgeons who employ unqualified assistants, either at their own or at other addresses.

In speaking of liability for malpractice it is well to remember that every dentist who by culpable want of attention and care, or by the absence of a competent degree of skill and knowledge, causes injury to a patient, is liable to a civil action for damages.

A dentist is presumed to use a fair and reasonable degree of skill, and that being established no liability attaches to him. It sometimes happens that the grounds of action are perfectly

monstrous and grossly unfair, and it behoves each of you, when qualified, to join a medical protection society as an insurance against a possible law-suit.

I will briefly cite as an illustration the case of Freeman *v.* Apperley, which came before the Gloucester Assizes last year. The plaintiff, a carpenter, sought damages in respect of alleged negligence or want of skill in the stopping of a tooth. The patient wished to have his tooth extracted, but the dentist advised him to have it filled, and applied to the exposed pulp $\frac{1}{25}$gr. cocaine, with oil of cloves, phenol, carbolised resin and lanoline. This dressing was said to have been swallowed by the plaintiff on the following day, with the result that he had cocaine poisoning with vomiting, convulsions, and incapacity for work for many months; indeed, his life was said to be in jeopardy. Upon hearing a considerable amount of evidence, medical, dental, and general, on each side, the jury, after deliberating for about two minutes, found that the plaintiff was not suffering from cocaine poisoning, and that the administration of the cocaine was not due to any negligence or incompetence on the part of the defendant. Judgment was entered for the defendant, but as the plaintiff was a poor man the whole of the costs, amounting to £700 or £800, fell upon the dentist. The profession subscribed a fund, reaching to about £250, towards Mr. Apperley's costs, but of course the defence of such an action, apart from the pecuniary outlay, must have been very harassing.

It may be stated that the defendant had to fight three former actions brought by the same plaintiff. At the first trial in the County Court the jury disagreed; a motion in the Appeal Court for a new trial was dismissed; and at the second County Court trial the Judge withdrew the case from the jury.

Fortunately such charges are comparatively rare, but many minor charges have from time to time come under my consideration, *e.g.*—

1. A girl, aged about ten years, the daughter of a professional man, had a permanent upper central incisor extracted in mistake for a deciduous tooth. The question arose as to the amount of damages, if any, due to the parents.

2. A lady had two lower molars removed, and the alveolar sockets became septic and necrosed, necessitating the attendance of a medical man for many weeks. The liability of the dentist to pay the doctor's fees was raised.

3. A hospital patient had sloughing of the gum and necrosis of bone due to the leakage of an arsenical dressing. Damages were claimed for negligence.

4. Numerous disputes about fees, involving charges both of negligence and breach of contract.

The general welfare of the patient is in the hands of each individual member of the profession, and a strong, self-reliant, and honourable co-operation is desirable.

In conclusion, I would point out that the dentist is liable to have his charges for work done misunderstood by his patient, who is unable in some instances to appreciate the amount of time, skill and the difficulties involved in the proper treatment of his case, and in consequence may repudiate payment of the fees. In such circumstances it is advisable and to the advantage of both parties, whilst not sacrificing any principle, that the matter be referred for arbitration to one or more members of the profession. Such a course is frequently followed by a decision mutually agreeable, whereas an appeal to the law courts is inimical to continued friendly professional relationship.

# THE HOSPITAL APPEAL.

**Twelfth List of Donations.**

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 53,626 | 15 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 20th inst.) ... ... ... | 25 | 11 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £53,652 | 6 | 0 |

## From the Gazette's Special Pathologist.

G. M. J., Alton.—Tubercle bacilli are present in comparatively small numbers in this specimen of sputum.

G. M., Shenstone.—*This specimen of sputum contains* a little muco-pus, but no tubercle bacilli are found.

PATHOLOGIST.

# Lectures* for Sessions 1905—1906.

## WINTER SESSION. OCTOBER—MARCH.

| † | LECTURERS. | | DAYS. | | | | | |
|---|---|---|---|---|---|---|---|---|
| Anatomy (1st & 2nd) ... ... | Mr. Dunn and Sir Alfred Fripp ... | 9 | — | Tu | W | Th | — | — |
| Microscopical Pathology (3rd) ... | Mr. G. B. Smith and Dr. Eyre ... ... | 9 | — | Tu | — | — | Fri | — |
| Pathological Classes (3rd & 4th) | Dr. Fawcett and Mr. Steward .. ... | 9.15 | — | — | W | Th | — | Sat |
| Bacteriology (Jan. to Mar.) (4th) | Dr. Eyre ... ... ... ... ... | 4 | — | Tu | — | Th | — | — |
| Practical Obstetrics (3rd & 4th) | Mr. Hicks (Oct. and Jan.) ... ... | 12 | — | Tu | — | — | — | — |
| Chemical Physiology (Jan.) (2nd) | Dr. Pembrey, Dr. Forsyth & Dr. Spriggs | 11 | — | — | — | — | Fri | Sat |
| Chemistry (1st and pre. sci.) ... | Dr. Wade ... ... ... ... ... | 12.15 | — | Tu | — | Th | — | — |
| Practical Chemistry ... ... | Dr. Wade, Mr. Ryffel and Mr. Ball ... | 10-12 | — | Tu | — | Th | — | — |
| Advanced Practical Physiology (3rd) | Dr. Pembrey ... ... ... ... | 11 | M | — | W | — | — | — |
| Practical Medicine (3rd) ... | Dr. French and Mr. Bell Walker ... | 12 | — | — | — | Th | — | — |
| Experimental Physics (pre. sci.) | Dr. Fison and Mr. Ball ... ... ... | 12 | M | — | — | — | Fri (2) | — |
| Chemical Physics (1st) ... ... | Dr. Fison ... ... ... ... ... | 2 | M | — | W | — | Fri | — |
| Practical Surgery (3rd) ... ... | Mr. Rowlands ... ... ... ... | 12.30 | — | Tu | — | Th | — | — |
| Physiology (2nd) ... ... ... | Dr. Pembrey (Oct.-Dec.) ... ... | 10 | M | — | W | — | — | Sat |
| Clinical Medicine (3rd & 4th) ... | The Physicians ... ... ... ... | 4 | — | — | — | Th | — | — |
| Surgery (3rd) ... ... ... | Mr. Lucas and Mr. Golding-Bird ... | 9·30 | M | — | W | — | — | — |
| Clinical Surgery (3rd & 4th) ... | The Surgeons ... ... ... ... | 1.30 | — | — | W | — | — | — |
| Elementary Biology (1st) ... | Dr. Stevens and Mr. Turner ... ... | 10.30 | — | — | W | — | Fri | — |
| Morbid Anatomy (3rd & 4th) ... | Dr. Fawcett and Dr. Beddard ... ... | 2 | M | Tu | W | Th | Fri | Sat (12) |
| Medicine (3rd) ... ... ... | Dr. Taylor and Dr. Hale White ... | 4 | — | — | W (3) | — | Fri | — |
| Ophthalmic Surgery (Jan.) (4th) | Mr. Higgens ... ... ... ... | 4 | — | — | W | — | — | — |
| Public Health (Jan.) (4th) ... | Dr. Sykes ... ... ... ... ... | 4 | M | — | — | — | Fri | — |
| Anæsthetics ... ... ... | Mr. Rowell (Dec.) ... ... ... | — | | | | | | |
| Dental Surgery and Pathology... | Mr. Wynne Rouw ... ... ... | 4 | — | — | — | Th | — | — |
| Metallurgy ... ... ... | Dr. Wade ... ... ... ... ... | 4 | M | — | — | — | — | — |
| Practical Dental Metallurgy ... | Mr. Hopson (Jan.) ... ... ... | 2.30 | — | Tu | — | — | — | — |
| Dental Anatomy & Physiology... | Mr. Maggs ... ... ... ... | 4.30 | — | — | W | — | — | — |
| Dental Mechanics ... ... | Mr. Lewin Payne (Oct.–Dec.) ... ... | 4 | — | Tu | — | — | — | — |
| Practical Dental Mechanics ... | Mr. Pillin (Jan.) ... ... ... ... | 2.30 | — | — | — | — | Fri | — |

## SUMMER SESSION. MAY—JULY.

| † | LECTURERS. | | DAYS. | | | | | |
|---|---|---|---|---|---|---|---|---|
| Medical Jurisprudence (3rd & 4th) | Sir Thos. Stevenson ... ... ... | 10 | — | — | W | — | Fri | — |
| Midwifery (3rd) ... ... ... | Dr. Horrocks and Mr. Targett ... ... | 9 | — | Tu | W | Th | — | — |
| Diseases of Women ... ... | Dr. Horrocks and Mr. Targett ... ... | 9 | — | — | — | — | Fri | — |
| Pathology (3rd) ... ... ... | Dr. Pitt and Dr. Bainbridge ... ... | 9 | — | — | — | — | — | Sat |
| Mental Diseases (3rd) ... ... | Dr. Craig ... ... ... ... ... | 9.30 | M | — | — | — | — | — |
| Bacteriology (May & June) (4th) | Dr. Eyre ... ... ... ... ... | 4 | — | Tu | — | — | Fri | — |
| Practical Obstetrics (3rd) ... | Mr. Hicks .. ... ... ... ... | 12 | — | Tu | — | — | — | — |
| Biology and Botany (pre. sci.) ... | Dr. Stevens ... ... ... ... | 2 | — | — | W | — | Fri | — |
| Physiology (2nd) ... ... ... | Dr. Pembrey ... ... ... ... | 9.30 | M | — | — | — | Fri | Sat |
| Histology (1st) .. ... ... | Dr. Pembrey, Dr. Spriggs & Dr. Forsyth | 10.30 | M | — | — | — | Fri | Sat |
| Practical Surgery (3rd) ... ... | Mr. Rowlands ... ... ... ... | 12.30 | — | Tu | — | Th | — | — |
| Practical Medicine (3rd) ... | Dr. French and Mr. Bell Walker ... | 12 | — | — | — | Th | — | — |
| Experimental Physics (pre. sci.) | Dr. Fison and Mr. Ball ... ... ... | 12 | M | — | — | — | Fri (2) | — |
| Clinical Medicine (3rd & 4th) ... | The Assistant Physicians ... ... | 1.30 | — | — | W | — | — | — |
| Clinical Surgery (3rd & 4th) ... | The Assistant Surgeons ... ... | 1.15 | — | — | — | — | Fri | — |
| Morbid Anatomy (3rd & 4th) ... | Dr. Fawcett and Dr. Beddard ... ... | 2 | M | Tu | W | Th | Fri | Sat (12) |
| Materia Medica (2nd) ... ... | Dr. Bryant ... ... ... ... | 4 | — | Tu | W | — | Fri | — |
| Anæsthetics ... ... ... | Mr. Rowell (June) ... ... ... | — | | | | | | |
| Operative Dental Surgery ... | Mr. Parfitt ... ... ... ... | 2 | — | Tu | — | — | — | — |
| Chemistry ... ... ... ... | Dr. Wade ... ... ... ... ... | 9.30 | — | Tu | — | Th | — | — |
| Practical Chemistry ... ... | Dr. Wade, Mr. Ryffel, and Mr. Ball ... | 9 | — | Tu | — | Th | — | — |

* No effort has been made to include the many demonstrations or practical work.

† The numbers in this column refer to the years in which this course should be attended.

# The Sciences.

## Anatomy and the Dissecting Room.

### How to begin Work.

THE first working day spent at Guy's Hospital is always a memorable event. There is a feeling of strangeness, which is quite natural. We are but vague y conscious of what is to be done, and blissfully ignorant how to set about it. The very names of the subjects we have been told to learn convey no meaning, and the school buildings, with their various class-rooms and theatres, are an unexplored country through which we travel as in a maze.

For the help of the new men, it is proposed to give such instructions as they may need in beginning the work of their first winter session at Guy's. It will be assumed that they have already decided what the general course of their study is to be; that is briefly, whether they are going in for the Preliminary Scientific Examination of the London University or not. Information on these matters is readily obtained at the Medical School Office, and any student who is not clear in his mind as to the examination he has to prepare for, should read carefully page 77 in "the green book."

After the first few days men soon become familiar with the work, and learn from one another. But at first they have made no acquaintances, and all around them are strangers alike.

Under the Five Years' Regulations of the Conjoint Board, the first object of the student (entering, for instance, in October, 1905) is to pass the examinations in Chemistry and Biology, as failure to complete these by the following March (*i.e.*, 1906) must postpone the date at which the Second Conjoint should be passed (*i.e.*, April, 1907), *vide* par. 6, p. 377, so that students are advised, unless they have passed either one or both of the above subjects before entering the hospital, or are unusually well versed in the subjects for these examinations, to postpone dissecting until one or both (Chemistry and Biology) have been completed.

What follows refers, therefore, only to those who intend to undertake their dissections at once.

*Monday, October 2nd.*—There is no actual work done on this day, but each student who is ready to dissect (*vide supra*) should pay his fee, *vide* par. 2, p. 377, for anatomical material in the Medical School Office, and then interview the Senior Demonstrator in the dissecting-room and see that his name is put down for a "part." He should then study the Red Book—which contains the rules of the dissecting-room—and purchase the necessary instruments and the other paraphernalia therein indicated. Any spare time is well spent in learning where the museums, class-rooms, and theatres are situated. The ground plan at the front of the "green book" will show them at a glance, and serve as a very efficient guide.

*Tuesday, October 3rd.*—At 9 o'clock in the morning the start is made, and we get our first introduction to the duties of hospital life at a lecture by Mr. Dunn in the anatomical theatre, and at 12 o'clock a demonstration is given to all first year's men by the Senior Demonstrator (Mr. Turner) in the small theatre attached to the dissecting-room, both of which every new student is expected to attend.

### To find a "Part."

Look down the list of names on white cards which are suspended upon the wall of the dissecting-room opposite each subject or body. Be careful to take the proper side (right or left) which is allotted to you. If you fail to find your name on these cards, make yourself known and report the fact to one of the demonstrators present, who may be recognised by his white coat. The next thing is to obtain a bandage and cloth from the attendant (Hancock), who will be found in a room outside the dissecting-room. With these the "part" must be covered up at once to prevent the skin from drying. If the "part" is a limb, bandage it firmly from the hand or foot upwards as far as the bandage will go, and cover the remainder with a cloth, *but be careful to leave the metal ticket exposed to view.*

### The Requisites for Dissection.

The following articles are essential, and must be purchased at once:—

*a.* Case of instruments. This should contain at least four knives, forceps, scissors, hooks, needle and blowpipe, and can be obtained from Hancock, the dissecting-room attendant, or at Messrs. Down Bros., of St. Thomas's Street; Messrs. Arnold & Sons, West Smithfield; Messrs. Maw, Son & Sons, Aldersgate Street; or Messrs, Allen & Hanbury, Plough Court, Lombard Street. Price about 15s. to 20s.

*b.* Books. These are obtainable at Grattan's in the Borough, next door to the post office. It is advisable to obtain *Cunningham's Practical Anatomy* (2 vols. 10s. 6d. each) for use in the dissecting-room, which show how to proceed and what is met with in the course of dissection; *and* one at least of the standard text-books, viz., Gray, Cunningham, Morris, or Quain's Text Book. The inquirer will hear their merits compared at the introductory lecture and demonstration; if still in doubt he should consult personally one of the demonstrators, and take with him any old text-book he may possess for inspection and advice as to its use.

*c.* An apron and sleeves for the sake of protection and cleanliness. These are sold by Hancock. Any old coat may be worn under them. Instruments, books, apron and coat must be safely put away in a locker provided for the purpose; the key is obtained by making a deposit of 5s. at the Medical School Office. During the day hats and coats are kept at a special cloak-room under the Wills Library.

*d.* A disarticulated skull and a half skeleton. (*See below.*)

*With regard to all the necessary articles mentioned above in* a, b *and* d, *it is well to point out to new students*

*that many men who have just completed their anatomical studies may wish to dispose of some of the above articles second-hand, and new students may obtain information about, and details of such things, to be bought from the Librarian or Hancock, with whom such things are usually lodged.* Before completing any such purchase it is always best to make sure that the books are of the last edition published and that the instruments are reliable, points on which any of the demonstrators will gladly give advice.

### HOW TO DISSECT.

The instructions given on this point in the text-books are by no means clear to one who has never done any dissecting in his life, and who does not know the meaning of half the scientific words in which the directions are given. He finds quite a new language in use, and no translation of it in the margin. Thus, he is told to "make an incision," instead of "cut"; to "reflect the integument," for "turn back the skin"; "anterior and posterior," instead of "in front and behind." Not a little of the difficulty and dulness attaching to anatomical description depends on the need of a mental translation of the language in which they are written.

To deal fully with the skilful act of dissection is unnecessary here, and we will merely give such short directions as are needful for the work of the first two or three days. The objects of dissection are—firstly, to educate the sense of touch, and to teach the hand and the eye to work together in delicate manipulation; and secondly, to enable the student to see and handle the different structures that he reads about in his books. It is most decidedly not the object of dissection to lay bare the bone in the middle of the "part" in the shortest possible time. That is butchery, not dissection. The following advice, then, may be given:—

1. Take your book (Cunningham) by which you intend to dissect and read over the pages giving directions for the skin incisions to be made in that particular part you are about to dissect.

2. Cut through the skin along the lines given in the books.

3. Turn back *the skin only*, leaving the fat upon the body. This is done by holding the knife obliquely with its edge towards the skin.

4. Take away the fat carefully without damaging the dense white layer which covers the muscles.

5. Clean the surface of the muscle. To do this make the muscle taut by moving the limb, or pulling on it with hooks; then with the point of the knife clear away everything covering the muscle by working *with* its grain or fibre, *not* across the fibres.

6. Before taking any fresh step in your own dissection get a notion of the arrangement of the parts you are going to expose, either from another man's part, or from the "pickle-room," or wax model museum preparations. *Most important of all, never remove any structure until you have obtained a good mental picture of it, and have also read in your book the description of it, and have satisfied yourself you know it*

7. Work very slowly at first. To turn back the skin carefully is quite enough to occupy the first day's work-time.

8. Cover the "part" up with a cloth before leaving it for the night.

The Red Book containing the rules of the dissecting room will be found to contain a lot of useful information, which we give in full below, and should be read with care, and then kept always at hand.

### OSTEOLOGY.

Usually considered a very dry subject; hence commonly studied in a stuffy museum after a heavy lunch with—the usual result. Like other branches of anatomy it must be learned practically—by handling the bone, reading the description of it, and noting the various marks upon it, each one of which has its meaning. In order that the bones may be studied at home as well as at the hospital, it is very important that each student should possess them. Half sets of osteology, that is, the bones of one side of the body with the spine and head, can be obtained second-hand at a very moderate outlay, and if carefully used they will at the end of the course readily fetch half the original cost, or even more. Some very useful half-sets (second hand) are to be seen at Messrs. Millikin & Lawley's, 165, Strand, W.C., price 30s. If these are disposed of at the end of the second Conjoint examination for half the price, it follows that the immense advantage of having the bones always at hand while preparing for the examinations is obtainable at the expense of a few shillings.

In selecting a half-set of osteology it is as well to have the guidance of a fellow student who is familiar with them. See that the half-set is complete, and that each bone is of the *same* side. Avoid "the nice white bones," which dealers always charge extra for, and choose the rougher, better marked and dirtier ones. The preparation which makes them white does away with many of the marks and ridges which have to be studied. With regard to the disarticulated skulls, try the separate bones and see whether they fit into each other properly, as it is not uncommon to find skulls offered for sale, the bones of which have come from different subjects, and hence cannot be articulated.

It may be necessary to caution men against neglecting the subject during their first year: they will find the second year's work quite heavy enough as it is, and moreover may suffer the mortification of being spun in the school elementary anatomy examination at the end of the first winter session, if they neglect the bones in their first month's work.

### RULES OF THE DISSECTING ROOM.

1. All first and second year's students, and all those senior to the second year, who have not passed the Second Conjoint Examination, are expected to attend in the dissecting-room on the first day of the Winter Session, between the hours of 1 and 4 p.m., or on the second day between the hours of 10 a.m. and 12 noon. Each student must bring with him a voucher indicating

that he has paid the special fee for material, which voucher must be handed to the demonstrator in order that the student's name may be enrolled in the appropriate class list.

2. The fee for material (which should be paid in the Medical School Office on or before the first day of the Winter Session, between the hours of 10 a.m. and 1 p.m.) is—

For each academic year :—

| | |
|---|---|
| First Year's Students ... ... ... ... | 25/- |
| Second Year's Students ... ... ... | |
| Students Senior to the Second Year but not yet through the Second Conjoint Examination ... ... ... ... | |

For each three months:—

| | |
|---|---|
| Students who have passed the Second Conjoint Examination and are preparing for any later examination ... ... ... | 10/6 |
| Students for the L.D.S. Examination only | |

3. The senior demonstrator (Mr. Turner) will meet the first year's students on the second day of the Session at 12 noon, and give them a demonstration to initiate them into the work of the dissecting-room. Immediately after this demonstration parts will be allotted to students.

4. On the following day the bone classes, which are held by Mr. Blake Odgers and Mr. Mollison, begin. Every student is advised to purchase a half skeleton and to bring to the class the bone or bones which will form the subject of the demonstration. Regular attendance at these classes is compulsory until a student has passed in Elementary Anatomy. A student attending the class that is studying (A) or (B), in Rule 8, will be allotted a part corresponding with the work of the class.

5. The senior demonstrator will meet the second year's students on the third day of the Session. The Second Year Class demonstrations given by Mr. Blake Odgers and Mr. Mollison begin early in the following week.

6. No student shall be enrolled in the Second Conjoint list or allowed to begin dissecting as a second year's student until he has passed in Biology and Chemistry at the First Conjoint Examination and the School Examination in Elementary Anatomy.

7. The notice-boards in the dissecting-room should be examined daily throughout the Session. Here will be found class lists, notices of allotment of parts, announcements of vacancies for prosectors, arrangements for examinations, etc., and notices of alterations in standing arrangements. Every student's name should appear in one of these class lists, and any student failing to find his name should at once inform one of the demonstrators.

8. A written examination in Anatomy is held just before the Christmas vacation. Every first year's student, whether medical or dental, is required to attend and to answer the questions on one of the following groups :—

(A) The bones and ligaments of the head, and the bones, ligaments and muscles of the upper extremity; or

(B) The bones and ligaments of the spinal column and thorax, and pelvis, and the bones, ligaments, and muscles of the lower extremity.

Every second year's student is required to attend and to answer questions on—

The muscles, tendons, bones and ligaments of the whole body; and one of the following groups—

($\alpha$) The entire anatomy of the upper extremity and of the head and neck, including the brain and spinal cord; or

($\beta$) The entire anatomy of the lower extremity and of the abdomen, pelvis and thorax; or

($\gamma$) (*if he is taking the L.D.S. only*) The entire anatomy of the head and neck, excluding the brain.

9. The dissection of all parts allotted in October and November must be completed before Christmas, and on the second day after the recess new parts will be allotted, priority being given as far as possible to those students who showed themselves most painstaking in their previous work. A first year's student who, before Christmas, studied sub-division (A) in Rule 8, will now study sub-division (B): but in addition every student should, in this his second part, try to master as much as possible of the vessels, nerves, etc.

10. A school examination in Elementary Anatomy on the bones, ligaments, and muscles of the whole body, is held four times a year, in March, July, October and December; this must be passed by everyone before he is allowed to commence the recognised period as a "second year's" student.

11. The senior demonstrator holds (i.) classes throughout the Winter and Summer Sessions for students preparing for the First F.R.C.S. and M.B. Examinations of the various universities in general advanced Anatomy and in Embryology. (ii.) Revision Classes before each of these Examinations. (iii.) Revision Classes for students who, though they have completed their second year, have not yet passed the Second Conjoint Examination.

12. Every student is advised to carry with him when in the dissecting-room and demonstrating theatre a pocket note-book and a set of coloured chalks.

13. Every week the dissections are examined systematically by the demonstrators, and marks are allotted. Each student's diligence in the dissecting-room is taken into account in subsequently recommending to appointments in the wards.

14. A test examination is held three weeks before each Second Conjoint Examination. Attendance at this examination is compulsory on all those who wish to present themselves for the Second Conjoint Examination.

15. Particulars of the examination for the Michael Harris, Arthur Durham, and Hilton prizes, and for the prizes for General Proficiency will be found in the Prospectus of the Medical School, which may be obtained in the Medical School Office.

16. The metal ticket attached to each part must on no account be allowed to come off nor to be covered up

by the bandage that each student should apply to his part (if a limb); neglect of this rule renders the part liable to be forfeited. Apron and sleeves (2s. 6d.), bandages, cloths, air-pump, ointment, carbolic lotion, etc, can be obtained from the dissecting-room porter.

17. No muscle, tendon, nerve, artery, or large vein, should be cut through, if by hooking it aside it is possible to reach and clean the parts lying on its deep surface.

18. No limb must be removed from the trunk except by one of the demonstrators or assistant demonstrators, nor in any circumstances must any part of a subject be removed from the dissecting-room.

19. Except when the student responsible for a part is actually at work upon it, each part must rest constantly on the table of the subject to which it belongs. Neglect of this rule renders the part liable to be forfeited. When a student considers he has finished the part, he must report the fact to one of the demonstrators.

20. The subject is divided into five parts on each side:—

1. The Head and Neck and Spinal Column.
2. Upper Extremity and Muscles connecting it with the Trunk.
3. Abdomen, with the Perinæum and interior of the Pelvis.
4. Lower Extremity.
5. The Thorax, the dissection of which is not to commence until the fourteenth working day.

21. Students are not permitted to exchange or dispose of their parts, either before or after the commencement of dissection.

22. Any part, the dissection of which has not been begun within twenty-four hours from the time when the body is placed in the dissecting-room, is liable to forfeiture. If a student is unable to continue the dissection of the part which he has already begun, he must give notice in writing to one of the demonstrators, who will make arrangements for its disposal. The demonstrators will also dispose of any part, the dissection of which has been discontinued without their sanction for more than two working days.

23. The subject when brought in will be placed in the supine position, and will so remain during nine working days. On the tenth day a majority of the students engaged upon it, and on the fourteenth day any one of them, may have it turned into the prone position. Five days later it may, if the majority so desire, be turned back again; and after six days in the prone position any one of the dissectors may have it turned back. The time for the dissection of the perinæum is before 11 a.m. on the first ten days, and neither for this purpose nor for any other must the subject be turned out of the position indicated in this rule.

24. The dissecting-room is open from 9 a.m. till 4·30 p.m., except on Saturdays, when it is closed at 2 p.m.

25. On applying at the Medical Office a locker may be obtained for a deposit of Five Shillings (which will be returned when the key is given up, provided that the locker is uninjured).

### DENTAL STUDENTS.

A dental student, on entry, must pay the fee (10s. 6d.) for material at the Medical School Office, on October 2nd, between 10 a.m. and 1 p.m., so that a part may be allotted to him at the earliest opportunity. He should obtain a copy of the rules of the dissecting-room, and study those paragraphs which specially concern him. He should be careful not to miss the demonstration given by Mr. Turner to first year's students, on Monday, October 2nd, at 12 noon.

It is very important for first year's dental students to commence their anatomical studies without delay. During their first six months they should dissect the upper and lower extremities, and attend the bone classes held by Mr. Blake Odgers and Mr. Mollison throughout the winter and summer sessions. They should pass the elementary anatomy examination at the end of their first six months if possible, or failing this, not later than nine months from their entry at the hospital. The subjects of this examination are:—

1. All the bones and ligaments.
2. The muscles and fasciæ of the upper and lower extremities.

Having passed the elementary anatomy examination, dental students are allotted a head and neck, in which they are expected to dissect, besides the muscles and ligaments, the vessels, nerves, and other soft parts, and also to acquaint themselves with the anatomy of all the special regions of this part, *e.g.*, the orbit, mouth, pharynx, etc.

Mr. Blake Odgers holds anatomy classes for these students, throughout the winter session, in the dissecting-room theatre, on Thursdays, at 1.30 p.m., and a test examination is held on the work at the completion of the dissection and the course of demonstrations. It will be agreed that the second dissection is even more important than the first, and it is well to realise that, as the work done by each man is noted and marked every week by Mr. Blake Odgers, and men are only signed up for the necessary session's work when these marks are satisfactory, that careful and conscientious dissection, punctual attendance at demonstrations, and industrious reading up of all the work, must be begun as soon as the dental student enters the dissecting-room, and continued until the subject is mastered.

It is very essential that the study of anatomy, physiology, and surgery should be prosecuted energetically from the outset, thus obviating the necessity for "cramming" these subjects when preparing for the Final L.D.S. examination. Careful and patient dissection is the easiest way to learn Anatomy. An attempt to "cram" it from books is certain to result in disaster.

## PHYSIOLOGY.

Physiology, which treats of the working of the healthy body, and forms, therefore, the institutes of medicine and the necessary foundation of any rational mode of treatment of the body in disease, differs from its sister subject, Anatomy, in that it requires much greater intellectual efforts for its acquisition, and a more thorough preliminary training for the comprehension of its doctrines. Physiology consists chiefly in the application of the natural laws elicited by the researches of physicists and chemists to the explanation and description of the phenomena occurring in the living body, so that an acquaintance with the chief laws of physics and chemistry forms the necessary basis for the study of physiology. The study of the nervous system, moreover, requires some knowledge of psychology. The difficulty and importance of the subject would seem to indicate, in the clearest possible manner, the necessity of pursuing its study throughout the short space of two years which are devoted to the subjects that are preliminary to the work in the wards. On this account, the student beginning his medical studies in October must give all his energies to getting up his biology in order to pass in it at the earliest possible opportunity, and he may profitably combine with the biology lectures and classes the reading of some physiology, such as Starling's *Elements of Human Physiology*, or Halliburton's *Handbook of Physiology*, or the smaller work on the same subject by Foster and Shore. He is advised to attend the physiology lectures at this time, but cannot be "signed up" for them.

By the ordinary student the practical study of the subject included under the heading "Physiology" is begun in the first summer session. During the whole of this session he must attend the classes in Practical Histology. These are held in the students' histological class-room three times a week; each class lasts two hours. Students attending this course must provide themselves with a compound microscope,* certain mounting materials (a list of which can be obtained at the office), and with Schäfer's *Essentials of Histology*, which should be carefully studied in the intervals between the classes. The microscope must have two objectives, a $\frac{2}{3}$-inch and a $\frac{1}{6}$-inch, a nose-piece and an indicator fitted to one of the two eye-pieces. The following makers are recommended: Crouch, Zeiss, Ross, Leitz (English agent, Kanthack), Swift. From any of these latter firms a good microscope, with all necessary accessories, can be obtained for about £7; the microscope from inferior makers is worse than useless, for it is essential that the student should buy an instrument which will be of some use to him in future years, when, as a practitioner of medicine, he desires to examine tumours, urinary sediments, sputum, etc., for purposes of diagnosis.

At the end of the summer session an examination is held in histology. All students who have attended this class must enter for the examination. Only those who pass the examination will be allowed to attend the tutorial classes in physiology held during the second winter session in preparation for the examinations of the Conjoint Board. Those who fail at this examination will be examined in the following session.

During the first summer session and the first half of the second winter session, the student should attend regularly the lectures on physiology held three times a week, on Mondays, Wednesdays, and Saturdays at 10 a.m. During the same time those who have passed the histology examination at the end of the previous session should attend the tutorial classes held by one of the demonstrators throughout the session. At the same time he should read up the subjects in some text-book such as Starling's *Elements of Human Physiology*, or Halliburton's *Handbook of Physiology*.

During the winter session, *i.e.*, from January to March, students must attend the classes in practical physiology, which are held on Friday and Saturday mornings from 11 to 1. From October to Christmas physiological chemistry is worked at in the room devoted to that subject. While attending this class, they are recommended to read up the subject in *Practical Physiology* (published by Arnold) which is used in the practical work. From January to March the class is held in the histological Laboratory, where the student becomes practically acquainted with physiological apparatus, and performs simple experiments.

Students who have been diligent in following this course of studies will be ready to enter for the second Conjoint examination at the end of this session. Shortly before this examination, a test examination is held by the demonstrators in order to judge of the fitness of the candidates. Those who fail to pass the second Conjoint at this time must attend the revision classes held by the demonstrators during the two or three months preceding the July and January examinations of the Conjoint Board.

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Certain modifications in this course of studies is necessary for those who are going up for the M.B. of London or other Universities. Having passed their preliminary scientific before entering, they are free from the study of biology during their first winter session. They should therefore attend the physiological lectures during this session, at the same time studying the subject in Starling's *Physiology*. In their first summer they attend the histology classes, and read Schäfer's *Essentials of Histology*. During their second winter, they should attend the class in advanced practical physiology, which is held twice a week, each lesson occupying between two and three hours. During this session they are recommended to read up the subject in Stewart's *Manual of Physiology* and Bunge's *Physiological Chemistry*, using *Practical Physiology* in the advanced practical work. This class should also be attended by candidates for the first F.R.C.S. examination, although in their case attendance may often be profitably postponed until the third winter session. The reading for this examination is similar to that required for the Intermediate M.B. of London.

* The demonstrators will be very pleased to advise any student in the purchase of a microscope. It must be distinctly understood that antiquated instruments, such as those sometimes handed down as an heirloom in a family of doctors, are practically useless.

Those who are desirous of obtaining distinction at the Intermediate M.B. should supplement the course of reading already indicated with original papers in the *Journal of Physiology* and with parts of Schäfer's *Text-book of Physiology*. Such students will also find parts of Foster's *Physiology* extremely useful and suggestive. University students should also attend the lectures given on Physiology at the London University.

Revision classes are held by the demonstrators during the two months preceding the first F.R.C.S. and first M.B. examinations for the special preparation of candidates for these examinations.

List of books recommended:—

FOR COLLEGE MEN.—Schäfer's Essentials of Histology; Starling's Elements of Human Physiology, or Halliburton's Handbook of Physiology; Practical Physiology, published by Arnold.

FOR UNIVERSITY MEN.—Stewart's Manual of Human Physiology; Bunge's Lectures on Physiological Chemistry; Embryological parts of Quain's Anatomy.

## BIOLOGY.

The course of instruction for the Preliminary Scientific of the London University M.B. examination consists of lectures which are given on Wednesday and Friday at 10.30 a.m., and on Thursday at 2 p.m., and of demonstrations and practical work on Wednesday and Friday mornings 11.30 to 1.30, and on Wednesday afternoons 2 to 4 p.m. The Biological Laboratory is open at all times between 9.30 a.m. and 5 p.m., so that students may revise their work and complete any part they may have been unable to finish in the regular hours. The first lecture will be given by Mr. Assheton on Wednesday October 4th at 10.30 a.m. in the New Theatre. There will be an exhibition of microscopes, dissecting instruments, and books, such as will be necessary for the course in the Biological Laboratory after the first lecture. Students are strongly recommended not to buy anything until they have seen the exhibition, or consulted the lecturer or demonstrator.

Those students who are preparing for the Biology examination of the Conjoint Board of the Royal College of Surgeons and Royal College of Physicians will attend certain of the above-mentioned lectures, commencing on Wednesday, October 4th, at 10.30 a.m. The practical class is held immediately after lecture in the Biological Laboratory. The requisite instruments, books, etc., for this course should not be purchased until after consultation with the lecturer, who will advise as to these in the first lecture. T.G.S.

## CHEMISTRY AND PHYSICS.

It is impossible to acquire a knowledge of Chemistry or Physics without personal and practical contact with the experimental side of these sciences, and Guy's men have, in the roomy laboratories, unusual facilities for this purpose.

Conjoint men entering now should pass in chemistry and physics next Easter, and should therefore attend the lectures in chemistry from October to March (Dr. Wade, Tuesday and Thursday at 12.15), and the lectures on physics from October to Christmas (Dr. Fison, Monday at 12 and Friday at 2). They must be prepared to devote a large amount of time to laboratory work. The practical classes are held in the chemical laboratory twice a week (Dr. Wade, Mr. Ryffel, and Mr. Ball, Tuesday and Thursday from 10 to 12), but students have access to their benches at all hours, and are advised to make free use of this privilege if they wish to make satisfactory progress. The first class of the new session will commence at *10 a.m. on Tuesday, October 3rd*, when *all Conjoint Students* should attend; the first lecture will be given at 12.15 on the same day. Revision classes are held before the April, January and July examinations; admission to these classes is dependent on the student passing the test examinations in a satisfactory manner.

Dental students under the new regulations are required to go through the same course as the Conjoint men, and to pass the same (Preliminary Science) examination; they should attend the laboratory class at *10 a.m.* on *Tuesday, October 3rd.*

Special courses have been arranged for most of the University examinations. Candidates for the Preliminary Scientific (M.B.) examination of the London University attend the same chemistry lectures as the Conjoint men. The physics lectures are continued throughout the sessional year (Dr. Fison, Monday at 12, Friday at 2). The Preliminary Scientific class meets for work four times weekly in the chemical laboratory, (Dr. Wade, Mr. Ryffel, and Mr. Ball, winter and summer, Monday and Thursday, 2 to 4, Tuesday and Thursday, 10 to 12), and twice weekly in the No. 1 physical laboratory (Mr. Ball: winter, Tuesday 2 to 4, Friday 3 to 4; summer, Monday and Thursday 2 to 4); *but students are expected to spend all their spare time in one or other of the laboratories.* It cannot be too often or too strongly urged that reading without laboratory work is mere waste of time. Tutorial classes are held weekly in both chemistry and physics, and are supplemented by revision classes during the term preceding each examination, and by periodical test examinations.

Intermediate M.B. men should begin to work at organic chemistry at once, and should pass the examination in July next. The practical class meets twice weekly in the laboratory throughout the year (Dr. Wade and Mr. Ryffel: winter, Monday and Thursday, 2 to 4; summer, Tuesday and Thursday 2 to 4) and is supplemented by lectures, revision classes, and periodical test examinations. A course of experimental lectures for beginners will commence on Wednesday, October 4th, (Dr. Wade, chemical theatre, 2), and will be continued on Wednesdays and Fridays (chemical theatre, 10).

Oxford, Cambridge, or Durham students desiring to work at chemistry should communicate with the demonstrators.

The practical knowledge of toxicology required at degree examinations may be obtained at classes held by Mr. Ryffel during the latter part of the winter and summer sessions.

## PRACTICAL PHARMACY, MATERIA MEDICA, DISPENSING.

These subjects are taught in the practical pharmacy class at the Dispensary, by Mr. Finnemore, the Hospital Pharmacist. This course meets the requirements of students preparing for the Conjoint examination in practical pharmacy and the intermediate M.B. Lond. The study of the physical characters, and chemical properties of substances used in medicine, and preparations made from them, and the doses in which they may be given, requires some considerable amount of application and exercise of memory. The instruction given in the class is therefore very practical, and every assistance is given to the student by demonstrations, access to materia medica specimens, and *vivâ voce* examinations, in acquiring a sound knowledge of materia medica. The art of dispensing, the writing of prescriptions, and the method of prescribing drugs, form also part of the instruction given in the practical pharmacy class. During the year there are three courses of three months each, so that the student can enter at the time most convenient to him.

## PHARMACY, PHARMACOLOGY AND THERAPEUTICS.

Lectures are given during the summer session in the new theatre, by Dr. Bryant. This course is intended to meet the requirements of students preparing for the third Conjoint examination in Pharmacology and Therapeutics, for the intermediate M.B. and final M.B. Lond., and the third M.B. Cambridge.

## MEDICINE.

Medicine lectures are held on Wednesdays at 3 p.m., and Fridays at 4 p.m., in the new theatre, throughout the winter session, by Dr. Taylor and Dr. Hale White. The introductory lecture will be given by Dr. Taylor, on Wednesday, October 4th, who will then proceed to discuss "Fever, Contagion and Specific Diseases."

A clinical lecture is delivered every Thursday, at 4 p.m., in the physiological theatre, the first of which will be given by Dr. Hale White, on Thursday, October 5th.

## THE MEDICAL WARDS.

Clinical instruction in Medicine is given in the medical wards to the medical ward clerks and other students who choose to be present, by the physicians, who visit their cases from 2 to 5 p.m., and by the medical registrars in the mornings from 10 a.m. to 1 p.m., and by the house-physicians and clinical assistants to their clerks. There are two male wards, Addison and Stephen, each containing fifty beds, and two female wards, Mary and Esther, containing forty beds and four cots each. Dr. Taylor and Dr. Hale White divide the beds in Addison and Mary wards between them, and Dr. Pitt and Sir Cooper Perry those in Stephen and Esther wards. On Mondays and Thursdays the wards are visited in the afternoon by all the physicians; on Tuesdays by Dr. Hale White; and on Fridays by Dr. Taylor, Dr. Pitt and Sir Cooper Perry. The medical registrar, corresponding to Dr. Taylor and Dr. Hale White, sees cases on Tuesday, Wednesday, Thursday, and Saturday mornings. The medical registrar corresponding to Dr. Pitt and Sir Cooper Perry, on Monday, Wednesday, Thursday and Friday. Thirty-six medical ward clerks are appointed every three months, and are eligible for reappointment for a further period of three months after holding the post of assistant surgeon's dresser, the extension being given to those who have shown the most care and diligence in the discharge of their duties.

*Case-taking.*—Reports are made by the medical ward clerks on all the cases admitted to the wards, under supervision of the medical registrars, who instruct the clerks in the mornings in the method of case-taking and the physical examination of the patients. To each physician is appointed a clinical assistant, who, with the registrars, superintends the writing of the reports and helps the clerks in any special examination of blood, urine, etc., which may be necessary.

The reports are written on special sheets, kept for the purpose in each ward, and the name, age, address, etc., of the patient should be carefully filled in, as well as any previous admissions into the hospital. In the latter case the abstract of the old report should be copied into the new report. Details as to how to find an old report will be found posted in the medical registrars' room. The name and address of the patient's usual medical attendant should be recorded in all cases. Ward clerks should always make brief abstracts of the case in the space provided for that purpose in the report, and in case of death the post-mortem abstract should be copied in, and when the report is finished it should be handed to the clinical assistant, who sends it to the medical registrar. Where possible it is as well to put in the report what the physician said about the case, and especially his diagnosis, but clinical teaching on the disease in general should not be recorded, and great care must be taken to report the physicians accurately.

*Classes.*—On Thursdays classes are held for all medical ward clerks at 12 o'clock, in the surgical class-room, on the methods of medical diagnosis, and the explanation of physical signs, etc. During the first six weeks of each three months, classes are held in the clinical laboratory for the junior clerks on the practical examination of urines and blood, and the use of the ophthalmoscope, laryngoscope, and other apparatus. During the last six weeks practical classes on ophthalmoscopic work are given by the ophthalmic and medical registrars.

The times of the classes will be found posted in the halls of Stephen and Addison wards.

*The Clinical Laboratory* (opposite the lift in the medical buildings) is intended for special microscopical examinations of blood, urine, etc. A special bench is reserved for ward clerks in the physiological laboratory, where all chemical tests and analyses in connection with ward work may be carried out.

*Medical Instruments.* — A laryngoscope, cyrtometer, anæsthesiometer, etc., are kept in Esther ward, and can be had, on application, from the Sister. Instruments for examining blood are provided in Mary, Esther, Addison and Stephen wards. A printed list of all the various medical instruments in use is posted in each of the medical wards.

Tubes for taking cultivations, and pipettes for holding blood for Widal's serum reaction in typhoid fever, can also be had from the Sisters of the wards, but these should not be used except with the help of the clinical assistant, the house-physician, or medical registrar.

It is very important that the clerk should find out the result of the investigations made by the bacteriologist and record it in the report.

*A few practical hints.*—Never lose an opportunity of examining a patient for yourself, and then find out what you ought to have noticed. It is only by constant practice that you can train your senses to appreciate the signs of disease, and without this skill, mere book knowledge is valueless. Therefore, listen to the normal as well as the abnormal, and get into the way of examining your cases with some method, so that you have an intelligent idea of what you are trying to find out. Although only a few cases are under your immediate care, it is not intended that you should limit your observations to these, but you should know well all the cases under your physician, and something about all the interesting ones in the medical wards. To do this, when your own cases have been attended to, you should go round with the registrar, or examine the patients allotted to other clerks, and ask what points of interest there are about each case. Also, when your physician is not going round, attend someone else's clinical instruction, either in the wards or in the out-patient department. Above all, remember that many of the patients think you to be a "doctor"; treat them as patients, and not as pathological specimens. You cannot be too gentle in an examination of a patient, nor too considerate for the feelings of a sick person. Remember, too, that though the post-mortem room should not be mentioned before patients, yet it is there that you will learn a great deal of medicine, and for you to know your business thoroughly you should never miss an opportunity of seeing the organs whose condition you have tried to make out during life.

As regards reading, Taylor's or Osler's Medicine are he best books, and at first you should read up your own cases and then others as you come across them. French's Medical Laboratory Methods and Tests, or Gibson and Russell's Outlines of Physical Diagnosis will also help you much.

M. R.

## PATHOLOGY.

The large number of courses of instruction in Pathology given in the school leads to some uncertainty in the student's mind as to the order and period of the curriculum in which they should be taken. Pathology is one of the few good things of which it is impossible to have too much, and probably the best advice that can be given to a student who has passed his second conjoint or intermediate M.B. is to take the instruction in pathology which is offered to him as early and often as possible. Most of the instruction in pathology is given in the early morning, so that it shall clash as little as possible with work in the wards, and it is rarely advisable to postpone attending a course till the time arrives, which many seem to expect but fortunately seldom reach, when ward duties shall be less exacting than they are at first. A man who leaves the dissecting-room in April should begin to attend Dr. Pitt and Dr. Bainbridge's systematic lectures on pathology (New Theatre, Saturdays at 9.30), where he will be introduced to the great principles underlying pathological processes, and will learn something of the theories of disease, which will enable him to understand the facts revealed to him in the post-mortem room. He should remember that this course of lectures is not completed in one year, and that if he attends the lectures for three consecutive years he will each time hear different subjects treated of. If it is in the summer session that a student is released from his anatomical studies, he should begin to learn pathology at Dr. Bainbridge's lectures and at the winter demonstrations (Dr. Fawcett and Mr. Steward, Monday, Wednesday and Saturday, 9.15, in class-room No. 3). Here he will be introduced to the treasures of the pathological museum. Selected specimens will be brought from the shelves of the museum for his inspection, and the effects of pathological changes upon the various organs of the body will be demonstrated. The subject is roughly divided into medical and surgical pathology, two days a week being devoted to the former and one to the latter. The whole course occupies two years. At the end of each half-hour demonstration on museum preparations, a *vivâ voce* examination is held on typical recent specimens collected from the post-mortem room and operating theatre.

Valuable as is the instruction afforded by these systematic lectures and demonstrations, they must on no account be allowed to take the place of the daily demonstrations of Morbid Anatomy (Dr. Fawcett and Dr Beddard, 2 p.m.) in the post-mortem room. Here a student gains information on the relative distribution of morbid processes throughout the body, and learns to verify the accuracy of his observations at the bedside. No ward clerk must on any account neglect to follow the fatal cases to the post-mortem room, and throughout a student's career there is probably no more profitable way of spending an afternoon unappropriated to routine duty than in watching post-mortem examinations. Although several of the examining boards require students to have held the appointment of post-mortem

clerk, yet all do not do so, but nevertheless it is a post not to be omitted if possible. The man who misses the opportunity while he is at the hospital of becoming acquainted with the many difficulties that may be encoun ered in making a post-mortem is sure to regret it afterwards.

The practical use of the microscope in solely pathological problems should be learnt as early as possible. With this object the course of Microscopical Pathology (Mr. Bellingham Smith and Dr. Eyre, Tuesday and Friday at 9, in the New Histological Laboratory) should be attended in the first winter session after the student gets into the wards. Here he will gain his first instruction in practical Bacteriology, which he will have constant opportunities of making use of in the wards. Here he will also amplify the knowledge he has already acquired, in the course of Normal Histology, of section cutting and staining, and have demonstrated to him the microscopical appearances of tumours and diseased tissues. A man cannot often find time to attend this course more than once, but he should attend it early in his career and work hard to learn enough about technique to enable him to afterwards examine specimens that constantly come in his way while holding senior appointments. Morbid histology and bacteriology are very engrossing studies, and many good men fight shy of them on account of the amount of time they fear they will "waste" over them. But a man of method can generally find a good many spare moments to devote to this work without seriously interfering with his reading, and he who acquires the hobby will find it a useful one to ride when he has accomplished his examinations and is waiting for patients.

It should be noted that special classes to meet the requirements of Cambridge and other university students have recently been started, in which Dr. Beddard goes over the main points of General Pathology.

## BACTERIOLOGY.

The compulsory course in Bacteriology forms part of that in microscopical pathology. As in previous years, the first two months will be occupied with this subject. The rudiments of the science are taught practically; the methods of staining sputum, pus, etc., to demonstrate bacteria; the methods of collecting morbid products for bacteriological investigation; in fact, the technique of the examinations which can be undertaken in connection with the ward work.

A course is also held in the Bacteriological Laboratory during the months of November and December, covering practically the same ground, and is largely intended to meet the requirements of qualified men and students other than Guy's men.

Two optional systematic courses, each of about two months' duration, are held, beginning in January and May respectively, and especially intended for Final M.B. men and candidates for the various diplomas in Public Health. The course consists of lectures and demonstrations on the morbid secretions and excretions, the bacteriology of water, air, and food, and pathogenic protozoa; the study of recent work on susceptibility, immunity, and allied subjects. The students are instructed in the practical details of media making, culture and staining methods, and they individually examine the more common pathogenic and non-pathogenic bacteria.

## SURGERY.

Lectures are held three times a week, on Mondays, Wednesdays and Thursdays, at 9.30 a.m., by Mr. Lucas and Mr. Golding-Bird.

Mr. Golding-Bird for the first-part will lecture on "General Surgery," commencing on Wednesday, October 4th. Clinical lectures will be given on Mondays, at 1.30 in the physiological theatre, by the surgeons. Mr. Lucas will commence on October 3rd. After November 10th the day for the clinical lecture will be changed to Wednesday.

Mr. Steward, six weeks before the final Conjoint examinations in January, April and July, will hold "Revision Classes." Only those desiring to present themselves for examination are expected to attend.

Sir Alfred Fripp will hold a course of "Operative Surgery" for final M.B. and Fellowship men in October, of which further notice will be given. The course for the requirements of the Conjoint Board will be held in January, 1906, and the fee of 10s. 6d. should be paid not later than December 19th. Names of students desirous of attending the M.B. course, should be left at the Medical Office *before* the end of September. Mr. Higgens will lecture during January to March on "Ophthalmic Surgery," on Tuesday, at 4 p.m., in the new theatre. The lectures must be attended after passing the second Conjoint examination before admission to the final Conjoint.

Mr. Symonds holds a Clinical Class on Mondays at 11 a.m., in the large operating theatre, for the benefit of candidates for the Conjoint and other examinations in surgery. The classes have proved since their commencement a marked success, and should be attended by all students entering on their final examinations in surgery. We are informed, on good authority, that at least one other member of the surgical staff intends to hold similar classes during the winter session.

## THE SURGICAL WARDS.

In the surgical wards there is a division of labour, and corresponding to this division, the appointments fall into two classes—clerking and dressing. The student's first introduction to clinical work is as clerk in the surgical wards, and it is not unlikely that he may, on his first entry, be a trifle discouraged. The reasons for this are obvious. Entirely ignorant of surgery and even of the terms in common use, he is at once required to write full accounts of the cases admitted to the wards. He will find, however, that by paying attention to the advice we give him, that his difficulties will be found to be anything but insurmountable.

Being the junior appointment in the hospital, there is a tendency in the minds of some, and a little more than a tendency in the minds of others, to belittle the post. That is unjust, and is the result of ignorance of the real functions of the surgical clerk. What the medical clerk is to the medical side, the surgical clerk is to the surgical side. The post is junior in point of time, but does not necessarily carry with it any stigma of inferiority. Their duties are identical: the preparation of the permanent hospital records of the cases admitted to the wards. What difference there is consists in this: the machinery of the medical side is less complicated than that on the surgical; whereas the whole of the work in the medical ward falls on the clerk, in the surgical wards it has been found advisable to specialise and to separate—for the sake of greater proficiency—the duties of clerking and dressing. This separation has thoroughly been justified by the results, the chief difficulty being the dependency of the clerk on the dresser for many details of importance. Dressers should, therefore, remember that from them the hospital expects such assistance as will render the reports as complete as they can be made. On the clerk, however, rests the responsibility, and the excellence of his reports is a sure indication of smooth working and mutual assistance in the firm to which he belongs.

The most important point for a clerk to remember is that in after years cases and not book work will form his mainstay in practice, and that he cannot too soon get the clinical entity and results of treatment into his memory.

The appointment of an overseer to each firm of clerks in the person of a clinical assistant in the surgical wards is of inestimable value, primarily to the clerks, secondarily to the whole firm. The clinical assistant should be the immediate "ear" of all his clerks, to instruct them of their duties in the wards, also relieving the surgical registrar of many details in the filling in omissions of the reports of his firm.

We do not wish to exalt the clerk unduly, but to insist merely that in his work the same care and attention to detail, the same knowledge of surgery and human nature are as necessary as in other appointments. Let him bear in mind that to him is given by the hospital the task of keeping its records. These are bound and kept, and by his work thus perpetually in evidence a man is judged. Bad reports are a lasting disgrace; good reports a lasting honour. The importance of good careful work by the clerks cannot be over-estimated. In the nature of things it cannot be perfect, but it must be as perfect as he can make it. By his first work in the wards he will be judged, and he will find that it is very hard to live down a bad clerkship. At the same time that he bears in mind the difficulties and responsibilities of his post, he should remember that he is a junior, and that any assistance he can lend his seniors should be offered ungrudgingly, and in return for this he will undoubtedly meet with that consolation and help in his work which is so necessary. There is no loss of dignity sustained in carrying screens to patients, or in the thousand and one small opportunities which present themselves of helping the other workers in the wards.

To the dressers we would submit that the performance of dressing is no part of the clerk's duty, and that it is no kindness to him to request him to undertake what he cannot from his position with good grace refuse, and what nevertheless he is unfitted to do.

The work of the firm, as a whole, should be the interest of each individual member of it. Pride should be taken not only in its splinting and dressing, but also in its reporting. A good house-surgeon and a good dresser will see that the reports are not below the level of those of other firms, for as they represent the work of the firm the individual members should see that they give a fair and accurate idea of that work. The clerk, aided by the clinical assistant, from this point of view is to be regarded as the mouthpiece of the firm to succeeding generations. The firm should see that he represents it fairly.

It is essential that either the clerk should live within walking-home distance of the hospital, or else get a room for the take-in week. All really good casualty work is done at night, and the periods for seeing the actual Crofting and treatment of fractures is all too short as it is.

The clerk, as soon as he is appointed, should find out from the surgical registrar to whom he is appointed. A few days before taking over the work he should learn from his predecessor what he can about the cases he is to take charge of, so that the work may be continued as nearly as possible without a break. At the present time there is an entire change of clerks every three months, but in the way indicated above, the break in the work may be obviated to some extent. He should learn quickly to take accurate temperatures, and pulse and respiration rates, and test urine, for without any exception the temperature, pulse and respiration rates, and condition of the urine must be included in the notes of every case on admission. The surgical registrar sees every new case with the clerk on the morning after admission, when he expects a history of every case to be ready. This, if vague, is useless. All symptoms should be set down in exact order, with the dates of their appearance. The exactness in detail is of the highest importance, and is a measure of the care with which the clerk has done his work.

He should have a note-book, and should put down in it everything about the case that he can obtain from the surgeon, house-surgeon, clinical assistant, and dresser. This should be copied into the report as soon as possible. We would impress upon each clerk the value of seeing everything done by the dressers or house-surgeons—the operations, putting up fractures, especially when done at night in take-in week, and this should apply to manipulations on every case under the surgeon, and not only to the cases which the individual clerk has to report—as much may be learnt in this way which otherwise can only later be gathered with much greater effort.

A new departure was made three years ago in the practical surgery classes, which are in the hands of the surgical registrar, who gives four courses a year, each beginning on the appointment of the new surgical ward clerks, and especially designed for their instruction in all matters relating to that appointment.

Lists of the duties appertaining to each appointment are supplied to the students, and these are to be carefully followed out. The hospital not only expects this, but insists on it. We have laid stress so far on the appointment of surgical ward clerk, as it is the first post that the student holds, and because he is so often quite unaware of the objects of the appointment.

He will in time become a dresser, and will by that time have learnt the traditions that underlie his office. He should, before accepting office, have acquired most thoroughly the principles of aseptic surgery, and, on no account, ever depart from them subsequently. Let soap and water be his sheet anchor.

The surgical wards are visited every day by the surgeons and assistant surgeons at 1.45. Notice of operations, which usually take place on Mondays, Tuesdays, Thursdays and Saturdays, except for emergencies, is posted overnight in the colonnade by the House-Surgeon for the week. The surgeons are assisted at the operations by the dressers, and no others should stand about the well of the theatre, the only exception being the particular ward clerk to the case.

Although we believe there is no rule which prevents freshmen attending operations and clinical demonstrations, we would point out that such a course of action is useless to them, and is not encouraged by the authorities.

Finally, we should like to repeat that although specialization has provided a clerk responsible for the drawing up of the hospital records, yet as this report is an account of the work performed by the firm as a whole, it touches the honour of every one in it that the report should be an accurate statement of the work done. The firm should be considered the entity, each separate member of which fulfils his own function, each at the same time being dependent on the others for the smooth, even working of the whole.

S. R.

## DAYS AND HOURS OF ATTENDANCE ON HOSPITAL PRACTICE.

Accidents and urgent cases of all kinds are admitted by the St. Thomas's Street entrance at any time of the day or night.

### The Wards.

*Medical Wards.*—Dr. Taylor (2), Mondays, Thursdays and Fridays. Dr. Hale White (2), Mondays, Tuesdays, Thursdays and Fridays. Dr. Pitt (2), Mondays, Tuesdays, Thursdays and Fridays. Sir Cooper Perry (2), Mondays, Thursdays and Fridays.

*Surgical Wards.*—Mr. Lucas (2), Mondays, Tuesdays, Thursdays and Fridays at (3.30). Mr. Golding-Bird (1.30), Mondays, Tuesdays, Thursdays and Fridays. Mr. Symonds (1.30), Mondays, Tuesdays, Wednesdays Thursdays and Fridays. Mr. Lane (1.30), Mondays, Tuesdays, Thursdays and Fridays. Operations (1.30) daily.

*Obstetric Ward.*—Dr. Horrocks (2), Tuesdays and Fridays. Mr. Targett (2), Mondays, Wednesdays and Thursdays.

*Ophthalmic.*—Mr. Higgens (2), Mondays and Fridays. Mr. Eason (2.30), Thursdays. Operations (2), Tuesdays, Thursdays and Fridays.

### The Out-Patient Department.

The days and hours of attendance in the Out-Patient Department of the hospital are as follows:—

*Medical Cases.*—Dr. Shaw (1), Fridays. Dr. Bryant (1), Mondays. Dr. Fawcett (1), Thursdays. Dr. Beddard (1), Wednesdays.

*Surgical Cases.*—Mr. Dunn (1), Wednesdays. Sir Alfred Fripp (1), Thursdays. Mr. Steward (1), Mondays. Mr. Fagge (1), Saturdays.

*Obstetric.*—Mr. Bellingham Smith (1), Thursdays and Saturdays.

*Ophthalmic.*—Mr. Higgens (1), Tuesdays. Mr. Eason (1), Mondays and Fridays.

*Dental.*—The Dental Staff (9) every week-day.

*Aural.*—Mr. Fagge (1), Tuesdays.

*Skin.*—Sir Cooper Perry (1), Tuesdays.

*Throat.*—Mr. Steward (1), Fridays.

*Electricity.*—Dr. Bryant (12 and 3), Wednesdays.

## DENTAL SCHOOL.

The dental student is supplied at the Medical Office with the Prospectus, Standing Orders, Notes on Probationary Work, List of Instruments, Calendar, and Clubs' Union Book.

These pamphlets should be carefully perused in order that he may become well acquainted with the general arrangements of the school, and the scope of the work upon which he will be engaged during his studentship.

Instruments should be purchased at one of the dental depôts, and the student should satisfy himself that he has been supplied with all of those described in the hospital list.

Probationary work upon the phantom head will occupy the freshman's time for about two months. This operative course is conducted by the staff demonstrators, and is very comprehensive. It includes most of the conservative operations that the student will subsequently perform on patients, namely, gold and other fillings, crowns, inlays, and the treatment of devitalized and septic teeth. These manipulations upon the dummy, when done in a thoroughly sound manner, form a capital ground-work for future skill in operative dentistry. It may be mentioned in passing that too much stress can scarcely be laid upon the necessity of becoming an expert operator, for the public are not slow to appreciate the highest manipulative skill.

The regulations of the Royal College of Surgeons of England require that dental students, who registered on and after January 1st, 1897, shall pass two professional

examinations for the dental license. At the first professional examination certificates must be produced, *inter alia*, of having been engaged in the practice of dental mechanics under a registered dental surgeon during a period of three years, and of having manufactured and adjusted six dentures and six crowns.

Inasmuch as it is recommended at Guy's that this examination be passed during the month of May, it follows of necessity that the work of the first winter session must be largely devoted to demonstrations, dental mechanics, and lectures.

Students in difficulties about their work and needing advice are invited to consult the Dean, or any member of the Staff, who will be only too pleased to do what they can to promote the interests of the dental students. M.

## Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

### An United Hospitals' Boat Club.

SIR,—"Captain, Oriel Coll.," in his letter in your last issue, makes a mistake about the last eight-oared race between Guy's and Bart.'s. This race was rowed in 1870, when Darbishire was captain of the Bart.'s Boat Club, and resulted in a win for Guy's, which win was celebrated by the then "Residents" by the presentation of a cup to the "Rooms." If this cup is still in existence, the names of the winning crew are engraved thereon, only three of their number hailing from Oxford and Cambridge.

I shall be delighted to hear of the resuscitation of the Guy's Boat Club, but would like it to be known that the old club died "game."—Yours faithfully,

C. J. W. PINCHING,
Capt., Guy's Boat Club, 1870.

Gravesend,
11th September, 1905.

The cup mentioned by Dr. Pinching still exists in the Dressers' Room, though the date on it is different to the one he mentions. A large beaker, which originally boasted three handles, but has now only two, adorns the dressers' supper-table every night, filled with beer. The inscription is:—

GUY'S v. ST. BARTHOLOMEW'S HOSPITAL
EIGHT-OARED RACE.
JUNE 22nd, 1871.
Guy's won by ¼ length.

Winning Crew:—

| | | | |
|---|---|---|---|
| 1. | E. S. Robson. | 5. | W. C. S. Clapham. |
| 2. | C. E. Atkin. | 6. | C. W. Pinching. |
| 3. | H. Cotten. | 7. | E. Amplett. |
| 4. | E. Bovill. | Stroke, | W. J. Powell. |
| | | Cox., | W. Paley. |

[Ed.]

### Rowing Reminiscences at Guy's.

DEAR SIR,—I was very interested to read the letter in your last issue with regard to the formation of a United Hospitals' Boat Club.

I may say that in 1888 we started a rowing club at Guy's, chiefly through the energy and enthusiasm of W. C. Swayne, who was secretary and treasurer. It was under the presidency of Mr. Davies-Colley, and the captaincy of E. M. Pilcher, and although our efforts were not attended by any successes, yet we did a lot of trying and got much health and amusement from our efforts.

We competed in the race for the United Hospitals' Cup, but were beaten by a better crew. Two days before the race, if I remember rightly, our captain, Pilcher, was prevented from rowing by some examination troubles which called him to Cambridge. Rather than scratch for the race, W. C. Swayne undertook to occupy Pilcher's thwart. He was more or less handicapped by the fact of never having rowed on a sliding seat before; his enthusiasm, however, did not stick at a trifle like this. He had two days' practice before him, and during the first he rowed holes in his shorts, during the second he rowed holes in his skin, and during the race he rowed through a good portion of the subcutaneous tissue of his buttocks. He finished sitting in a pool of blood. Had the race finished at Barnes Bridge instead of Hammersmith, he would probably have worn right through his Glutei Maximi, for nothing short of being through to the actual bones would have stopped Swayne continuing to pull his oar.

Later in the season we put on a boat for the junior fours at Molesey Regatta and finished third in our heat, there being only two competitors against us.

Three days before the race we bought a four-oared boat for a five pound note, which is not an extravagant sum to pay, but which proved a dear price in the end. The boat was bought in a great hurry, and it was only when we had rowed in her a couple of times that we discovered that she was warped into a semi-lunar or crescentic shape, which gave her an unfortunate tendency to go round in a circle. We had no available cox. at Guy's and borrowed Madge from Middlesex, who, being a man of resource, rigged up some arrangement whereby he could keep the rudder at right angles against the curve of the boat. This did not improve our pace and each stroke opened various seams, letting in little jets of water, which closed up again—thank goodness!—in between the strokes. We nearly sunk before the race was out. After the race I asked the late Jimmy Hastie (probably one of the best judges of rowing who ever lived) what he thought of our crew. He replied diplomatically, that he gave us every credit for good intentions.

Our season's rowing was full of humorous incidents, but I must not trespass upon your space with too many of them.

We finished up the season with some scratch fours, into which all sorts of men were pressed who had never

rowed in a race of any description before. I forget the details of the races, but remember that in the final a dead-heat resulted between the boats. One of them was stroked by Pender Smith, who had started at a stroke of forty, quickened up to forty-four, and spurted at the finish up to somewhere between fifty and sixty. It was a marvellous exhibition. His crew were helped ashore in a more or less comatose condition, and were laid out gently in the dressing room. Darkness was setting in and Swayne informed them that in order to get the matter settled, they would have to row the race again within half-an-hour, as otherwise the Club would have to bear the expense of hiring the boats on another day.

Pender Smith called upon his men in terse and pungent language, to get downstairs and into their boat. They one and all made it quite clear to him in similar language that they would see him and everybody else to many kinds of distant places before they were induced to again enter a boat of any description whatever so long as they lived. Pender Smith gathered his clothes together with dignity, and saying "Mutiny, my God," stalked from the room with indignation.

In closing let me say that, so far as I remember, there are somewhere in the hospital, some silver challenge sculls, and also challenge oars for pair-oared races, of considerable antiquity.

Wishing the writer of the letter in your last issue every success in his sporting endeavour.—I beg to remain, yours, etc., A. A.

## Guy's Hospital Rifle Club.

Dear Sir,—It was with great interest that I read Mr. Oram's reply to my letter of July 9th, and I accept his explanations and answers to all my questions except the first. I asked, "Why were not notices of shooting posted on the proper board, in order to let freshmen know that two Inter-Hospital Cups exist and are shot for annually?" His answer to this is, "Because my previous experience as secretary has been that nobody ever took the least notice of them." That reply can be summed up in the one word "rot." How many men, I ask, who look at the notice-boards every day, confine their attention solely to the cricket or tennis notices? Does not every man, when he sees a fresh notice, at once go and see what it is about? Certainly he may not act upon it, but he may not be a rifleman; he would, however, now be aware of the existence of the club, which before was unknown to him. At any rate, I must again assert that had a notice been posted asking any gentlemen capable and willing to shoot for the hospital to write their names on a list, the hon. sec. would have had very little difficulty in raising a team for all the Armitage shoots and for the Bisley Cup. He says that he endeavoured to "personally acquaint" all shooting men with the arrangements being made. Has he, then, a Sherlock-Holmian eye, which tells him from the quivering of the freshman's left eyelid, or some other sure sign, that he shoots? His efforts, however, must have been more laborious than successful, for there are many *third* and *fourth* year's men who shoot well, and would have been willing to turn out for the hospital had they known on what days the shoots took place.

Trusting that I am not too verbose, and thanking you in anticipation for publishing this,—I now subscribe myself, yours, etc.,

H. J. HENDERSON.

Dear Sirs,—With all due deference to Mr. Oram's views, I still maintain that the proper notices should have been posted concerning the Armitage Cup and United Hospitals' meeting. How else could the Hon. Sec. hope to obtain the names of those men, especially freshmen, who were likely to have been able to shoot? I am not surprised that there was difficulty in raising a team for the Armitage Cup, for I know of at least four men who would have gladly shot for the Hospital had they been asked; and, as no notice was posted, how were they likely to know the details, and when the competitions were to take place? Besides this, notices of the various clubs are not posted for the guidance of the active participants in each club alone, but for the edification of all the members of the Hospital.

I notice Mr. Oram signs himself Hon. Sec. *pro tem.* Surely, if the appointed Secretary leaves the Hospital, the Captain ought to call a meeting and let another Hon. Sec. be appointed.

As my pseudonym has been the subject of facetious remarks, I sign myself.—Yours, etc.,

C. B. TICEHURST.

## The Washbourn Memorial.

Dear Sir,—As an admirer of the work of the late Dr. Washbourn, and a subscriber to the proposed memorial initiated by you in October, 1902, I shall be pleased if you would inform me as to the present condition of the Fund and also when it is intended to give it realization. I enclose my card, and am, yours faithfully, E. H.

18th September, 1905.

This letter is referred to and its questions answered in Passim.—[Ed.]

## The Christian Union.

Dear Sir,—Will you kindly allow us to make known through the medium of your columns that the Christian Union, a constituent club of the Clubs' Union, holds meetings fortnightly, of which the first is on October 12th, in the Board Room above the Counting House? The Rev. Tissington Tatlow, M.A., General Secretary of the Student Christian Movement, will then speak. Tea 4.30—5. Address 5—5.45. All members of the Hospital are invited.

E. LLOYD,
S. H. C. AIR,
R. R. WALKER, } *Hon. Secs.*

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

### Twelfth List of Collections.

(Received up to Wednesday, September 20th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 64,278½ |
| Allen, Miss M. C.—Mrs. Munnings... ... ... | 8 |
| Beale, H. J. (71½s.)—G. F. Ratcliff, Esq. ... | 5 |
| Bright, Sister (851s.)—Miss Mayo, 21; Mrs. Thomson, 3 ... ... ... ... ... ... | 24 |
| Burgess, Miss A. (3s.)—J. L., 1; E. B., 1; E. W. B., 1 ... ... ... ... ... ... | 3 |
| Dorcas, Sister (498½s.)—Mrs. Bischlager ... ... | 5 |
| Du Buisson, Dr. E. W. ... ... ... ... | 40 |
| Featherstone, Dr. G. W. B.—A. D. Crail ... ... | 22½ |
| Fripp, Lady—Miss Ashby ... ... ... ... | 55 |
| Gardner, A. L. (2s.)—Sydney, N.S.W. ... ... | 1 |
| Hearnden, Dr. W. F. (581½s.)—Miss C. Johnson... | 5½ |
| Hickman, Dr. H. W. (109s.)—Mrs. Crump ... | 20 |
| Hicks, Dr. R. G.—Anon. ... ... ... ... | 2½ |
| Jickling, Miss ... ... ... ... ... ... | 22 |
| Owen, Miss M. L. (5s.)—M. & D. Sassoon, 2; E. Sassoon, 1; A. & J. Sassoon, 3 ... ... ... | 6 |
| Prickman, Miss (25s.)—I. K. D. ... ... ... | 5 |
| Richardson, Dr. H. (43s.)—Collected by Miss Richardson ... ... ... ... ... ... | 4 |
| Robertson, Dr. F. M.—Mrs. A. Gudgeon, 100; Miss Robertson, 21 ... ... ... ... ... | 121 |
| Robertson, Dr. F. M.... ... ... ... ... | 21 |
| Spon, Dr. H. J. (22s.)—Miss Bothamley ... ... | 20 |
| Tippetts, Miss (22s.)—*Anon*... ... ... ... | 10½ |
| Turner, T. (11s.)—Mrs. Honeysett ... ... ... | 1 |
| Wallis, W. ... ... ... ... ... ... | 20 |
| Willan, Dr. G. T., Senr. (57½s.)—Miss N. Perkins | 50 |
| Wright, Miss A. (45s.)—S. Ellison ... ... ... | 1 |
| | 64,751½ |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 38 |
| TOTAL (up to 20th inst.) | 64,789½ |

## Aequanimitas.*

To the Man in the Street the name of Dr. Osler was almost unknown until a few months ago, when the newspapers, in perpetual search of the new and original, lit upon a speech of his in which he condemned all men over 60 to the fate of death by chloroform, they, in his opinion, being at that age unfit for any further useful work. Now his name is one to conjure by. To all students of medicine, however, the name of Osler had been familiar for many years on both sides of the Atlantic, firstly by reason of his text-book, and secondly by constant report concerning the infection and stimulus of his work and enthusiasm. Of the text-book on medicine it is superfluous to speak, but the volume at present under review gives some very striking glimpses into the personality of the new Regius Professor of Medicine at Oxford.

*Aequanimitas* is a collection of addresses, inaugural, valedictory and occasional, delivered by Professor Osler between the years 1889 and 1903. They have been addressed to many different audiences on various occasions and at divers places. The eponymous essay was a valedictory address at the University of Pennsylvania in 1889, and the others have been delivered at the Johns Hopkins Hospital, Baltimore, the University of Minnesota, the Army Medical School at Washington, the Boston Medical Library, the University of Toronto, and other places. The addresses are none of them strictly medical, but deal with many of those subjects which might fairly be comprised under the heading of Medical Ethics. "Doctor and Nurse," "Teacher and Student," "The Army Surgeon," "Teaching and Thinking," "Chauvinism in Medicine," "The Hospital as a College," to quote a few of the titles, give some idea of the wide scope over which Professor Osler has traversed.

It is impossible to quote from any of the essays, for quotation is insidious, and were one to commence, the temptation, especially in the case of this book, would be irresistible, and we

* *Aequanimitas*, with other Addresses to Medical Students, Nurses and Practitioners of Medicine. By William Osler, M.D., F.R.S. London: H. K. Lewis. 1905. Pp. 389.

should have to annex each address in its entirety. All the essays are prefaced by quotations, most aptly chosen, and in a great measure selected from a small number of classics, of which a list is given at the end of the book and recommended by Dr. Osler as a suitable bedside library for the medical man. This is as follows:—The Old and New Testament, Shakespeare, Montaigne, Plutarch's *Lives*, Marcus Aurelius, Epictetus, *Religio Medici*, *Don Quixote*, Emerson, Oliver Wendell Holmes. A man who knows this collection well has some knowledge of humanity.

Throughout the volume one note is dominant: the consciousness of the nobility of the profession of medicine and the heavy responsibility this entails upon each individual member. For this reason it should be read by every student, doctor or nurse, who may have the opportunity; the first to appreciate early in his career how much more there is in medicine than he thinks, and upon how difficult a career he is embarking; the second to see by how much he has failed of his early ideals and aspirations, and the third to see her proper relation to doctors, and to realise how greatly a nurse can supplement the work of the medical man without in any way encroaching upon his prerogatives.

Finally, from Dr. Osler's detached point of view, and from his wide experience of medical schools and hospitals in that progressive young world of America, his book will be of the greatest interest to all who have any share or direction in the education of the medical student of to-day.

In fact, these essays, so broad-minded, so ripe with experience, and with such a high ideal, have started a new and haunting idea in the reviewer's consciousness. From his experience of medical schools and hospitals, and from his overseas detachment of outlook, Professor Osler might almost be retained in England as a Consultant of Deans, to give professional advice and a second opinion to the heads of ancient medical schools. He is coming to Guy's in October to address the members of the Physical Society, and it might be worth while for the Dean to ask him in for a consultation concerning our body politic; and his coming in such a capacity could be productive of nothing but good. He would be able to assure us whether everything is sound, or whether there may not be "something rotten in the state of Denmark," and that we at Guy's are not quite living up to our splendid traditions.

Are we not as students too prone to consider that because we are at Guy's we obtain glory by its reflected lustre, and have no need to strive to increase the fame of our Alma Mater; that being here our medical education will all be spoon-fed, and our salvation thereupon complete? Is it a necessary corollary that because a man is house physician or house surgeon at Guy's Hospital he should be infallible, and the rest of the world but naught, G.P.'s (poor things), knaves or fools? Is the teaching in the wards and class rooms consonant with the unequalled opportunities of the teachers, and is the research done in our laboratories by the present generation in any way comparable to that of Addison, Bright, Moxon, Fagge, and others in the past? Is not, perchance, the greed of gold entering into the souls of many of the younger consultants, making them forget their heritage of altruism and debasing their profession to a trade?

Here are questions of diagnosis enough for our Consultant, and any man with Guy's really at heart would await his professional opinion with some anxiety, and I am afraid not without some misgivings.

On the other hand, for our comfort, dissatisfied as one may be with the defects of medical education, the fault may also in part be laid at the doors of the Public—the ignorant holders of the purse, who prate about the necessity of only subscribing to the relief of the sick poor, while mortgaging the health of future generations by starving the medical education of the present. Nevertheless, before we can appeal for the assistance of medical education, we must be sure that, at any rate, our house is in order and our conscience clear.

This is no proper review of Professor Osler's book; but a volume which makes one think, and which awakens our conscience, is a book to read; for that reason "Aequanimitas" should be on every doctor's bookshelf.

# Guy's Hospital Clubs' Union.

THE FORMATION OF THE CLUBS' UNION, by the amalgamation of the various constituent institutions, took place in the summer of 1891. The objects of the amalgamation are to further the interests of the clubs and societies existing at the hospital by their mutual support, and to simplify the collection of subscriptions. By the payment of an annual subscription (see Clubs' Union Blue Book, p. 17) to the Clubs' Union, any student of the hospital can obtain the privilege of membership of the constituent institutions.

THE GROUND OF THE CLUBS' UNION, which is under the control of the council, is situated close to Honor Oak Park Station, on the London, Brighton and South Coast Railway, and to the Crofton Park Station on the South Eastern and Chatham Railway. It is nine acres in extent, and is the headquarters of the Guy's Football, Cricket, Athletic and Lawn Tennis Clubs. Under such restrictions as are found necessary by the committees of the several clubs, and are approved by the council of the Clubs' Union, every member of the Union has opportunities of practising and taking part in matches, and in the various sports and games. There is a large pavilion upon the ground, with dressing and lavatory accommodation. Refreshments can be obtained by members of the Union according to the tariff of the Students' Club.

THE HOSPITAL "BLUE."—The "Blues" Committee, consisting of two representatives from each associated club, award "Blues" and "Half-Blues" to members of the following teams:—Rugby Football, Association Football, Cricket, Athletic, Lawn Tennis, and Water Polo, after considering the list of men suggested by the various Clubs' Committees through their delegates. Blues are awarded half-yearly, at the end of each session, so that the Rugby Football team be represented by fifteen Blues, the Association Football by eleven Blues, Cricket by eleven Blues, and Lawn Tennis by six Blues. Blues and Half-Blues are awarded for Athletics, dependent on the recommendation of the Athletic Committee according to the performances at the Inter-Hospital Sports, while there are allotted to the Water Polo seven Half-Blues.

## CONSTITUENT INSTITUTIONS.

THE FOOTBALL CLUBS.—President: Frederick Taylor, Esq., M.D. Rugby—Captain: F. Alcock. Hon. Sec. H. R. Mullins. Captain Second XV.: P. Smith; Vice-Captain Second XV.: L. L. C. Reynolds. Captain Third XV.: M. M. Adams, and a committee of five, one representing each year. Association—Captain: A. F. W. Denning. Hon. Sec.: A. Zorab. Captain Second XI.: M. M. Munden. Captain Third XI.: W. Ingram, and a committee of five, one representing each year.

The Rugby Football Club has now been in existence for over sixty years, the season 1905–6 being the 62nd. Very little is known about its early history. Among the many brilliant players who at one time or another have appeared for Guy's may be mentioned the following International footballers:—A. W. Pearson, W. W. Pinching, A. H. Jackson, L. Stokes (captain 1877–8), A. S. Taylor, W. G. Mitchell, A. Allport, H. W. Dudgeon (England); H. M. Jordan (Wales); R. Evans (Scotland); F. O. Stoker (Ireland); and E. Morgan (Wales).

In 1874 the Inter-Hospital Challenge Cup was instituted, which Guy's was fortunate enough to secure for the first time. Since its institution, St. Thomas's has held the Cup ten times: Guy's nine times; St. George's and London three times; St. Bartholomew's twice, and Middlesex and St. Mary's once each.

In 1891, Guy's, Middlesex and St. Thomas's were left in, the ties not being played out.

Last year we beat St. Bart's., Charing Cross, St. Thomas's, and London, and so won back the Cup from the London Hospital, who had held it the previous season. Our Second XV. also won the Junior Inter-Hospital competition, which took place for the first time last season. We hope to have a good team this year, and if only men will evince the same keenness as in the past we ought to retain possession of the Cup. We have three fixture lists arranged this season, and we propose to hold trial games at the beginning of the season, the first being fixed for September 30th.

For the benefit of freshmen in particular, we may state that lists will be put up in the smoking-room and elsewhere, on which intending players should place their names as early as possible.

The officers of the club will be at all times very glad to give any information in their power.

The Association Football Club began its career in 1882, and has been carried on with much success since that time. In 1888 the Inter-Hospital Challenge Cup came into existence, and was won by Guy's for the first four years after its institution; during these years the Hospital twice won the Surrey County Challenge Cup. In 1894 and 1897 we again held the Inter-Hospital Cup, making in all six times. The first team played very well throughout the last season, suffering only two reverses. Unfortunately, one of these happened to be a Cup-tie, in which we were beaten by Middlesex. The second eleven played well, winning most of their matches, but were unable to win back the Junior Cup from Bart.'s. The third eleven played frequently, too. Early in October, trial games at Honor Oak Park will be arranged, more especially for the benefit of freshmen, and it is hoped that no freshman interested in "soccer" will hesitate for any reason to avail himself of this opportunity of proving his worth on the field, for it is largely on the result of these games that his later inclusion in the teams depends. Notices of the trial games will be duly posted in the Smoking Room of the College. In the

next issue of the GAZETTE a complete list of the season's fixtures will be given.

THE CRICKET CLUB.—President: W. A. Brailey, Esq., M.D. Captain: J. S. Bookless. Vice-Captain: R. Willan. Secretary and Treasurer: A. M. Tolhurst. Captain 2nd XI.: T. R. Harvey. Vice-Captain: C. E. Whelon. Captain 3rd XI.: M. M. Munden. Committee: H. Archer, E. Morgan, L. G. Davies, E. Barnett, S. A. Piper.

Guy's have the best ground of any London Hospital, and we generally turn out a good cricket team.

Since the institution of the Hospital Cup in 1882, we have won it on fifteen occasions. The Cup was again won this season, Guy's beating London, University, Middlesex, and Bart.'s in the final.

This coming season, owing to many of our last year's team being ineligible for further Cup-ties, we shall want great keenness from new and old students if we are to retain the Cup. Still, we do not give undue prominence to Cup-ties, as, perhaps, many of our time-honoured fixtures are the more enjoyable matches.

THE ATHLETIC CLUB.—President: R. Clement Lucas, Esq., B.S., F.R.C.S. Hon. Secretaries and Treasurers: A. W. Berry and W. H. Watson; and a committee of eleven. The annual meeting of the Athletic Club is held in June at the Clubs' Union Ground.

THE LAWN TENNIS CLUB.—President: W. Arbuthnot Lane, Esq., M.S., F.R.C.S. Captain: A. Zorab. Hon. Secretary and Treasurer: A. S. M. Palmer, and a committee of eight. The club has been in existence some twelve years. There are sixteen very good grass courts at Honor Oak, which are open for play from the end of April to the end of September. The Club holds, at the beginning of the season, several trial games, which serve to bring before the notice of the committee all promising new players, while one or two matches are played weekly against various London Clubs. The Inter-Hospital Challenge Cup was instituted in Jubilee year; it was held by St. George's until 1890; Guy's held it in 1891-1892; St. Thomas's, 1893-1896; St. Bartholomew's, 1897; London, 1898; St. Bartholomew's, 1899 and 1900. In 1901 it was won by St. Thomas's, by London in 1902, by St. George's in 1903, by London in 1904, and by St. Thomas's in 1905. A cup was also presented in 1899 by the late Dr. Washbourn, for a competition for second teams, which has been won this year by London.

THE HOCKEY CLUB.—Captain: M. Leckie. Vice-Captain: L. G. Davies. Hon. Sec. and Treasurer: F. Morres. Committee: G. W. Dryland, R. Rankine, A. Miller, E. C. Hughes, S. M. Wells.

The Inter-Hospital Hockey Cup has been in official existence for two years, and Guy's were the winners in the initial season, viz., 1903-4. Last season St. Thomas's beat Guy's in the final by 2—0, after a hard and even game.

Two teams were run last season, and, especially in the first eleven, a satisfactory return of wins was made, only one match being lost after Christmas.

We have lost our ground this season, but a team will be entered for the Inter-Hospital Cup-Ties, which take place after Christmas, and in view of this fact it is to be hoped that all freshmen playing Hockey will make themselves and their qualifications known to the officials of the Club.

For the benefit of new and old members it may be mentioned that the majority of last year's players have joined the Blackheath Club.

THE RIFLE ASSOCIATION.—President: Sir Alfred Fripp, M.S., C.B., C.V.O. Vice-Presidents: G. Newton Pitt, Esq., M.D., L. A. Dunn, Esq., M.S., F.R.C.S., A. P. Beddard, Esq., M.D., E. I. Spriggs, Esq., M.D. Captain: R. E. French. Hon. Secretary (*pro tem.*): R. G. Oram, and a committee of five.

The Association arranges matches with the sister hospitals of London and with public school cadet corps, and also enters a team to compete for the United Hospital Challenge Cup at Bisley during the "week." Both civilians and volunteers are now allowed to compete in the United Hospitals Competitions and in the Bisley Cup; but there are numerous advantages attendant on a membership of a Volunteer Corps, and the honorary secretary of the Association will readily give any information required with regard to suitable corps.

The Annual Prize Meeting and the Newton Pitt Challenge Cup Competition are held in July, before the close of the session. Due notice of these and all other events will be posted on the notice board in the Colonnade.

It is earnestly requested that each and every man interested in shooting will communicate early with the Secretary, so that the Committee may have some idea of the number of men for whom they have to arrange next season's programme.

The Annual General Meeting will be held early in October (notice of exact date will be posted conspicuously), and it is hoped there will be a good attendance.

THE SWIMMING CLUB.—President: Sir Alfred Fripp, M.S. Vice-Presidents: J. H. Bryant, Esq., M.D., C. H. Fagge, Esq., M.S., J. Lewin Payne, Esq., L.D.S., M.R.C.S. Captain: F. Alcock. Hon. Sec. and Treasurer: T. B. Layton.

THE PUPILS' PHYSICAL SOCIETY.—Hon. President: Sir Samuel Wilks, Bart., M.D., LL.D., F.R.S. Hon. Secretaries: Herbert French, Esq., M.D., and H. T. Hicks, Esq., F.R.C.S.

This flourishing society was founded in 1830, on the plan of the old Physical Society, which existed during the latter part of the eighteenth century at Guy's Hospital.

At the Pupils' Physical Society, which meets each fortnight on Saturday evenings, a paper on some subject, not necessarily of medical interest, may be read by any member, to be followed by a discussion.

"Clinical and Pathological Evenings" are devoted to the exhibition and discussion of interesting cases or specimens which may be shown by any member.

Members are reminded that in connection with the Society the following prizes are offered for competition:—The Treasurer's Prize of £5 is given annually, and the subject of the Essay for the ensuing session is "The prognostic significance of Purpura in children." The Society offers a prize of £10 for the best paper read during the session; a prize of £5 to the member who distinguishes himself most in the discussions; and a prize of £5 to the member who exhibits the best specimens of scientific interest during the session (see Clubs' Union Blue Book, page 46).

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THE DENTAL SOCIETY. — President: F. Montagu Hopson, Esq., L.D.S. Hon. Secretary and Treasurer: J. A. Bowes. Committee: F. H. Fuller, L.D.S., C. Weller, H. Simms, M.B., B.Ch., N. V. H. Riches, H. C. Visick.

The Society was founded in the early part of 1894. Its eleventh session commenced in October last, and was eminently successful in every way; good papers were read and much interest was taken in the meetings by the members, as shown by an average attendance of forty, and an average of five casual communications per meeting.

Meetings are held every month during the winter session. They are held in the Dental Lecture-room on the second Friday in each month, at 4 p.m. Papers on subjects of dental interest are read, after which a discussion takes place; clinical cases are also shown at each meeting; and one evening during the session is specially set apart as a clinical evening.

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THE DEBATING SOCIETY.—President: G. H. Savage, Esq., M.D., F.R.C.P. Vice-Presidents: J. Fawcett, Esq., M.D., A. W. Ormond, Esq., F.R.C.S., M. S. Pembrey, Esq., M.A., M.D., and E. I. Spriggs, Esq., M.D. Hon. Secretaries: G. F. Stebbing and K. H. Digby.

The Debating Society is entering on its fourteenth year of existence, and its twelfth as a constituent of the Clubs' Union.

Six meetings are usually held in rotation with those of the Physical Society and the Smoking Concerts. Any subject except theology may be debated. Private business is allowed. A "Ladies' Night" is held during the Session, at which members bring their friends, who are eligible to speak and vote. A card of fixtures will be issued early in the Session.

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THE GUY'S HOSPITAL GAZETTE is published on alternate Saturdays, from the library of the hospital, where copies may be obtained by all members of the Clubs' Union and by immediate subscribers.

Established in 1872, the GAZETTE was the first journal of its kind ever published in this country. It ran an uninterrupted course until November, 1879, and was then suppressed by the hospital authorities rather from excess of zeal than for lack of material. The present "new series" was inaugurated in 1887, and since that time it has continued to flourish without a break. The original GAZETTE was a two-leaf publication, and only had a small circulation in the hospital itself. Its circulation now practically includes all Guy's men throughout the world, as well as the nursing staff, past and present.

The management of the GAZETTE is vested in a committee constituted as follows: Three members of the Hospital or School Staff, *appointed yearly* by a School Meeting: two students, appointed yearly by the Clubs' Union Council: the President of the Residents for the time being: an Editor appointed by the Committee: a Manager appointed by the Committee, and other students, not less than four in number and not more than six, co-opted by the Committee.

The columns of the GAZETTE are open to contributions and correspondence from all sources, the writer's name being requisite as a guarantee of good faith, if not for publication. All contributions must be deposited in the Editor's box in the colonnade, or addressed to the Editor by post not later than Wednesday in each week of issue.

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THE REPORTS.—Edited by J. H. Bryant, M.D., and F. J. Steward, M.S.

The first volume of the Guy's Hospital Reports appeared in 1836. The Reports are published periodically, and contain contributions upon professional and scientific subjects from the Staff of the Hospital and Medical School.

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THE STUDENTS' CLUB.—Committee till 1906 (March). President: P. H. Pye-Smith, M.D., F.R.S. Treasurer: John Fawcett, M.D. Hon. Secretary: A. W. Ormond, F.R.C.S. Hon. Assistant Secretary: E. I. Spriggs, M.D.; and a committee of eight.

The above-named manage the affairs of the Club, a full account of which will be found in the Clubs' Union Blue Book, p. 53.

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GYMNASIUM.

The Pavy Gymnasium, which was built and furnished and is now maintained by the liberality of Dr. Pavy, is open daily for practice, and during the winter session a boxing instructor attends one day a week, and also a gymnastic and fencing instructor. At the end of the session a competition for prizes is held, and a display of gymnastics and fencing is given on the "Ladies' Night."

All members of the Clubs' Union are entitled to free use of the Gymnasium and to lessons from the instructors.

# Dental News.

DURING the last half month, three cases of stomatitis have presented themselves in the Dental Department, and all three have readily yielded to the treatment adopted.

CASE I.—Patient, a little girl, æt. 3½, first seen September 1st.

*Symptoms.*—Tongue covered with white patches and small greyish ulcers, the white patches being the more noticeable feature. Teeth in a very bad condition, four of the upper incisors being decayed and suppurating, also all the molars; breath very foul, child looking ill.

*Treatment.*—Removed nine teeth under ethyl chloride, ordered carbolic mouth bath and B. P. Pot. Chlor. lozenges to suck, also an aperient, senna. Patient returned in three days, much improved, so treatment persisted in. On September 11th patient returned. All signs of the stomatitis had gone.

CASE II.—Patient, a boy, æt. 5½, first seen at end of August.

*Symptoms.*—The interdental space on the cheek, both sides, a mass of greenish white ulcers and sloughs. Temporary molars, upper and lower, very jagged, decayed, loose and suppurating, the gums also being affected; tongue coated and ulcerated. Breath extremely fœtid.

*General symptoms.*—Patient looking very ill, pale; unable to eat or digest any food, diarrhœa.

*Treatment.*—Offending teeth removed under ethyl chloride, ordered mouth bath and B. P. Pot. Chlor. Troch., three a day, to suck, also an aperient. Patient had improved under this treatment on September 3rd, and when again seen on September 11th mouth was quite healthy.

CASE III.—Patient, a boy, æt. 5, first seen September 12th.

*Symptoms.*—The interdental space on the right cheek showed a mass of green ulcerations, lower temporary molars being very much decayed, also loose and suppurating.

*General symptoms.*—Tongue thickly coated, breath very fœtid, and the patient unable to take his food.

*Treatment.*—Removed lower temporary molars without anæsthetic, ordered mouth bath and Troch. Pot. Chlor. B.P. T.D.S., advised aperient, good food with abundance of milk—fresh air.

Patient seen again on September 18th and showed marked improvement; the case is still under treatment. Our correspondent prescribed the following mouth bath:—

| | | |
|---|---|---|
| ℞ | Pot. Chlor. ... ... ... | ʒiv. |
| | Acidi. Carbol. ... ... ... | ʒii. |
| | Glycerini ... ... ... | ʒvi. |
| | Aq. ad ... ... ... ... | ℥viii. |
| ℿ | Sig. ʒi. to a wineglassful of warm water three or four times a day. | |

The name "mouth bath" seems preferable to the "mouth wash," in so much that it may help to impress upon patients the advisability of holding the liquid in the mouth as long as possible, instead of merely rinsing the mouth out with it as is usually the case.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*A Raw Probationer.* By Ellis Dean. Pp. 307. (Messrs. Digby, Long & Co.) 6s.

This is a very sordid picture of nursing life, and, if the laity derive their views of hospitals from such books as these, it is no wonder that our appeals for help fall on deaf ears.

Discipline seems an unknown quantity in the remarkable institution described in this book, and an attempt to enforce order and cleanliness into the wards drives the patients into open mutiny. Sympathetic nurses pay midnight visits to the wards (in dressing gowns!) to comfort the dying. When it seems desirable, they remain in the wards till 11 p.m. and return to them at five in the morning.

Most of the nurses' meals are taken in their bedrooms, and the crockery is washed up when they are "so dispoged."

In many ways the authoress shows an intimate knowledge of the "daily round" of a Probationer's life, and some of the descriptions of hospital patients are drawn with the utmost fidelity.

We hope, at some future date, she will give us a more modern picture of hospital life.

*Midwifery for Nurses.* By Henry Jellett, M.D. 2nd edition. (Messrs. J. & A. Churchill.) 6s. 6d. nett.

This edition is far more valuable than the preceding one, for the plates alone reveal much which was formerly left to the imagination.

We are especially pleased with the plate of the ovum at full term. It gives a simple and coherent idea of the "*tout ensemble*," and will help to formulate many hazy ideas that exist on the subject.

We would suggest that in future editions a more concise summary of the mechanism of labour be given, as the present descriptions are too verbose to be of much use for examination purposes.

The book certainly contains all the knowledge that is required for a midwifery nurse, and will be most useful to those who are studying for the C.M.B.

*A Plea for the more Energetic Treatment of the Insane.* By Charles Williams, L.R.C.P. Pp. 51. (Henry J. Glaisher.) 1s. 6d. net.

This small pamphlet embodies its author's observations on the treatment—or lack of treatment—adopted in the various asylums with which he has been connected as resident officer; he considers that insanity is too often regarded as an incurable disease, and that the medical man, considering the case as hopeless, too often leaves it alone. Mr. Williams, on the other hand, considers

that these patients are just those on whom it is possible to experiment — to a mild degree, and adduces the observations of other observers to support his theories. His lines of treatment include the administration of Thyroid Extract, the use of Turkish baths, "treatment by powerful and persistent argument," suggestion — and even surgery. An interesting, though not very convincing, pamphlet.

*Essentials of Human Physiology.* By D. Noel Paton, M.D. Pp. xiv. and 444. Second edition. (William Green & Sons, Edinburgh.) 10s. net.

This, the second edition of a well-known physiology, which is, however, more widely read in Scotland than in England, has been brought fully up to date by the inclusion of much fresh matter, throughout which the author has endeavoured to pursue his original plan of giving especial prominence to those parts of physiology which have more important bearings on the study of medicine and surgery. An effort is also made to shorten the text by avoiding too elaborate descriptions of the various instruments, as it is rightly considered that much more can be learnt by handling than by reading many pages about them; accordingly, wherever possible, definite references are made to a practical handbook.

The illustratious are very good, especially the representations of microscopical appearances—as, for instance, those on pp. 23 and 24: they form a most successful mean between diagrams and pictures, as sufficiently diagrammatic to be easily understood, they are at the same time sufficiently well drawn to be suggestive of reality.

On the whole, however, the book does not form very easy reading, it is too condensed, and cut up too much into paragraphs, parts of which are emphasised by different type—suggestive of the school geography book. We are given a series of lecture notes, rather than a continuous description of the various functions of the human body. Definite conclusions are few, and the personal opinion of the author is rarely expressed, while some parts are unduly compressed,—the excretion of urine, with all its nervous mechanism, is allotted only one single page of description!

*Pharmacopœia and Formulary of the Royal Dental Hospital of London.* (John Bale, Sons & Danielsson, Ltd., London.) Pp. 24. 1s. 6d. net.

For handy reference, this little book should prove decidedly useful to Dental Practitioners, containing, as it does, a dozen mouth washes, and half that number of dentifrices among other useful dental prescriptions there are moreover summaries of immediate treatment, for acute poisonings, and in cases where dangerous symptoms supervene during anæsthesia. We are pleased to note that some half-dozen blank pages are bound at the end of the booklet—these are always useful.

# An Old Book.

"We may read the history," said Sir James Paget, "of the progress of truth in Science as a Palœontology. Many things which, as we look far back, appear like errors, monstrous and uncouth creatures, were in their time good and useful, as good as possible. They were the lower and less perfect forms of truth which, amid the floods and stifling atmospheres of error, still survived; and, just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the better forms of truth which we now hold."

The truth of Sir James Paget's remark has been borne in upon us by reading, as we have recently done, a curious old volume on the Practise of Physick. Its quaint and pleasing title runs as follows :—

THE

PRACTISE OF PHISICK

Reduc'd to the Ancient Way of

OBSERVATIONS,

Containing a just Parallel between the

WISDOM AND EXPERIENCE OF THE ANCIENTS

AND THE HYPOTHESIS OF

MODERN PHYSICIANS,

Intermix'd with many

PRACTICAL REMARKS UPON MOST DISTEMPERS.

Written in Latin by GEO. BAGLIVI, M.D.,

Professor of Phisick & Anatomy at Rome.

THE SECOND EDITION, MDCCXXIII.

Old books on medicine are always most interesting, both to read and discuss, as they illustrate in a marvellous manner the growth of medicine, and are a practical commentary on the development of science. In reading them we are principally struck with the manner in which faulty deductions are drawn from correct premises; the observations in most cases are complete in every detail, and wonderfully accurate, and yet the conclusions drawn therefrom are truly marvellous. The observer is in most cases so obsessed with the theory he wishes to prove that he twists and turns his observations until they satisfy his particular opinions—the writers of such books are too much impressed with Bacon and his logic of induction.

It is nearly two hundred years since this book was published, and yet some of the treatments—or rather hints at treatment—given are still worthy of commendation. "You must not begin the cure of a looseness with Astringent Med'cines, for by that means you will occasion stubborn obstructions of the Viscera and Intestines," and "Clysters [*i.e.*, enemata] should always be administered before the exhibition of opiates."

The dancing mania of the Middle Ages, so prevalent in Italy, is described at great length, as our author had but recently—1695—returned from "my studies at Naples." The patients afflicted with this disease danced in street or house, wherever they were, when the desire seized them until they fell down bathed with perspiration. This affection appears to have been a manifestation of that protean disease hysteria, and yet it was solemnly believed that it was caused by the bite of a spider—the tarantula, which insect is described at great length, with its habits and development. Many experiments are described, by one of which the spider is made to dance, even as his imaginary victims do: another is allowed to bite a rabbit which refuses to dance, but dies "about noon on the fifth day," and we are then given an elaborate description of the post-mortem on the rabbit—or coney, as the worthy doctor's translator calls it.

Note the following: "In a Fever, if the Patient does not sleep at all, but lies still without the least Complaint, and does not speak, but when a Question is ask'd him; and when his Pulse is felt draws back his Hand in a trembling Condition and Hectick, as they call it, he'll certainly die." What more excellent observation could you have? Who has not read of the Typhoid state and the listless condition of the patient? Who does not know that Sir William Jenner always gave a good prognosis if the patient lay on his side—instead of his back—when suffering with Enteric? Again, "The sort of Urine, that has a great deal of Humour or Matter at bottom, is apt to breed the Stone in the Bladder." Here, as usual, the observation is good, pyuria is common with calculus, but the pus is caused by the stone, and not the stone by the pus. We long in vain for some attempt at a pathological explanation of the formation of the calculus out of "Humour or Matter"; surely the author must have wondered, and yet he vouchsafes no remark on the subject.

Throughout the book we notice that especial stress is laid on prognosis, and after that comes treatment, but as to diagnosis—that is of little import. The physician when called in is apparently expected to say whether "death is portended" or no, and to prescribe a few simple herbs, but as for diagnosis that is unnecessary. "In all Diseases, especially those call'd acute; if an Inflation of the Abdomen appears and continues, 'tis the Harbinger of Death. Of this I have had infallible and frequent Proofs in the Hospitals up and down Italy." Here it is prognosis alone that concerns the patient, as also in:—"A leek-colour'd or green Flux of the Belly denotes either Death or a Disease of long standing." This is ambiguous, and does not appear to help us much, nor are green motions often observed in adults.

We have a delightful description of lumbago, which evidently, even in those days, was considered by the laity to be caused by the kidneys—a description which all will recognise who have once suffered from that pain. "You may distinguish Rheumatick Pains in the loins, from those of the Nephritick Form, by the following Sign which never fails. When the Patient raises and extends his Body after bowing it to the ground, if erecting is performed with Difficulty and Uneasiness, and a sense of being, as it were, cut thro' the middle, you may rest satisfied that 'tis no Nephritick Pain, but a Rheumatick Illness occasioned by sharp and briny Salts conveyed to the part in a serous Humour."

There is a section devoted to Pain, in which some of the utterances are very cryptic:—"Such Pains as grow easy without manifest Signs are mortal." "If the Pain is fixed in one Place, and does not disappear upon the use of proper Remedies, let the Part be where it will, burn it with crude Flax."

As an example of "The Use and Abuse of Blistering-Plaisters," we are given a good description of a case of Tetanus. "A cook of thirty years of Age was seiz'd, after a great Heat and Cold catch'd upon it, with Convulsions of the lower Mandible, and soon after with Convulsions of the Abdomen." But the application of four blisters (though we are not told the site of application) was followed by dire results: "Vomiting, convulsive Motions, and a grievous difficulty of breathing; under the Pressure of which Symptoms the poor man dy'd miserably." The quaintness of the language, the economy of type by which e's are often dropped, and the use of the long s's cannot hide the shrewdness of the family physician, who sums up by saying, "There's no sort of Remedies that affords so much Benefit to our Citizens, as Exercise and a prudent Repetition of gentle Purgatives."

# Appointments.

## House Appointments.

The following appointments have been made by the House Committee upon the recommendation of the Medical Committee:—

*House Physicians.*—Messrs. R. A. Chisolm (Dr. Hale White); O. V. Payne (Sir Cooper Perry).

*House Surgeons.*—Messrs. A. Leeming (Mr. Golding-Bird), S. M. Wells (Mr. Symonds).

*Assistant House Surgeons.*—Messrs. H. C. Cameron (Sir Alfred Fripp); R. E. French (Mr. Steward); A. D. Crofts (Mr. Fagge).

*Out-Patient Officers.*—Messrs. R. O. Williams, A. B. O'Brien, H. M. Clarke, W. N. May.

*Clinical Assistant in the Aural Department.*—W. M. Mollison.

## Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

*Clinical Assistants.*—Messrs. R. Edridge, A. G. Jones, A. H. Miller, W. Reeve, C. M. Stevenson, H. D. Wyatt.

*Clinical Assistants in Medical Out-Patients.*—Messrs. J. H. Mayston (Drs. Bryant and Fawcett); W. H. Miller (Drs. Shaw and Beddard).

*Dressers in the Throat Department.*—Messrs. W. H. S. Burney, F. D. Crew, E. M. Harrison, E. C. Lowe, B. B. Metcalfe, A. S. Morton Palmer.

*Surgical Ward Clerks.*—Messrs. F. J. Cutler, R. C. V. Edsall, W. Johnson, L. T. Baker, H. B. Carter, E. R. Stone.

*Medical Ward Clerks.*—Messrs. J. W. Featherstone, T. H. Edey, R. B. Dawson, A. V. Ledger, L. D. Stamp, F. Morres, J. K. A. Helm, E. N. Plummer, A. L. Foster, C. H. Rippmann, H. J. B. Cane, N. Flower, T. N. Wood, H. B. Carlyll, R. Evans, J. W. Grice, R. R. Walker, F. H. Fuller, W. G. Pinching, A. H. V. St. John, H. E. Perkins, C. E. Price, M. K. Nelson, J. H. Ryffel, G. G. Timpson, A. F. W. Denning.

*Assistant Surgeons' Dressers.*—Messrs. K. H. Digby, L. L. C. Reynolds, A. N. Leeming, S. H. Cummings Air (Mr. Dunn); C. D. Roberts, M. R. Dobson, M. J. Rattray, J. B. Martin (Sir Alfred Fripp); L. Croft, A. C. Dickson, B. H. Palmer (Mr. Steward); W. W. Cook, E. A. Collins, I. R. Florence (Mr. Fagge).

*Assistant Surgeons' Clerks.*—E. P. Minett, A. V. H. St. John (Mr. Dunn); C. E. Price (Sir Alfred Fripp); F. W. Hogarth (Mr. Steward).

*Clerk to the Electrical Department.*—Mr. F. W. Hogarth.

*Post-mortem Clerks.*—Messrs. N. Flower, R. Evans, R. Davies-Colley, G. W. Goodhart (October 1st); T. B. Layton, G. N. Bartlett, A. S. B. Bankart, F. A. Barker (November 16th).

*Clerks to Anæsthetists.*—Messrs. H. Joste Smith, H. H. Moyle, R. Davies-Colley, G. W. Goodhart, C. W. Greene, O. G. F. Luhn, J. E. Hodson, H. E. H. Tracy (October); G. N. Bartlett, W. H. Robinson, H. C. Malleson, E. P. Minett, E. H. Paterson, C. A. L. Mayer, T. R. Harvey (November); G. F. E. Allison, S. K. Poole, P. K. Taraporwala, A. Zorab (December).

## Civil.

McGAVIN, LAWRIE, F.R.C.S. Eng., has been appointed Consulting Surgeon to the Convent of the Assumption, Kensington Square, W.

ROUTLEY, E. W., M.D., D.P.H., has been appointed Certifying Factory Surgeon for the Aldershot District, Hants.

## Naval and Military.

Fleet Surgeon E. R. D. FASKEN, R.N., has been appointed to the *Hood*.

Surgeon F. R. FEATHERSTONE, R.N., has been appointed to the *Renown*.

Colonel H. J. W. BARROW, R.A.M.C., has been appointed Principal Medical Officer of the Sirhind and Jullundur Brigades.

Colonel F. W. TREVOR, R.A.M.C., has been appointed Principal Medical Officer of the Aden Brigade.

Lieutenant L. HIRSCH, I.M.S., to be Captain.

Surgeon-Lieutenant C. J. SYMONDS, The King's Colonials, Imperial Yeomanry, to be Surgeon-Captain.

Surgeon-Lieutenant J. S. STEELE PERKINS, 1st Volunteer Battalion the Devonshire Regiment, to be Surgeon-Captain.

Captain A. F. A. HOWE, Dental Surgeon, Southern Command, has been appointed to examine and report upon the working of the Canadian Army Dental Corps.

## Change of Address.

Mr. Roy Ellis, L.D.S., from Guy's Hospital, to 43, Elsham Road (Holland Road), W., and 123, Holland Park Avenue, W.

Dr. David Forsyth, from 6, St. Thomas's Street, to 24, St. Thomas's Street.

Dr. Reginald Hayes, from 4, Courtfield Road, S.W., to 93, Cornwall Gardens, Queen's Gate, S.W.

Dr. E. I. Spriggs, from 24, St. Thomas's Street, S.E., to 48, Bryanston Street, Marble Arch, W. Telephone, 2268 Mayfair.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Births.

BAKER.—On September 9th, at 67, Hayes Road, Bromley, Kent, the wife of Arthur Ernest Baker, 44, Brook Street, W., of a son.

HODGSON.—On September 3rd, at Westcliff-on-Sea, Essex, the wife of Victor J. Hodgson, M.R.C.S., L.R.C.P. Lond., D.P.H. Camb., of a daughter.

## Marriage.

SHATTOCK—BAYLEY.—On July 29th, at St. John's Church, Ealing, W., by the Rev. P. J. Donovan, M.A., Vicar of Christchurch, Turnham Green, assisted by the Rev. J. J. Summerhayes, M.A., Vicar, Charles Robert Shattock, M.R.C.S. Eng., L.R.C.P., L.D.S. Eng., only son of Charles Shattock, of Walpole Gardens, Chiswick, W., to Katharine Matilda, eldest daughter of Frederick T. Bayley, of 103, Gordon Road, Ealing, W.

## Deaths.

DAVIES-COLLEY.—On the 3rd inst., at Wensley House, Dulwich Village, in her fifty-seventh year, Sophia Margaret, of Borough, Pulborough, Sussex, widow of the late J. N. C. Davies-Colley, M.C., F.R.C.S., Surgeon, of Guy's Hospital, and daughter of the late Thomas Turner, Treasurer of Guy's Hospital.

TRONSON.—On September 1st, at Bourne End, William Francis Tronson, L.R.C.P., M.R.C.S., L.S.A.

EDS.—F. W. M. P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

THE Session's work has now begun in earnest. Another year's *entry* has been completed—although its exact proportions have so far been kept a state secret—another batch of recruits has arrived and has been effusively welcomed, and at the other end another little company of Guy's men, our very good friends and companions, has silently slipped away. Somehow or other we make more stir and commotion in our coming than in our going. The new comer is bidden to dinner, he is urged to debate, to play football, to sing glees, and is justified in feeling himself a person of some importance; the off-going resident goes round his wards for the last time and in the morning calls a cab. This year the annual dinner of the Students' Club, held largely for the purpose of welcoming the new men, was in every way a great success. Nearly one hundred sat down to dinner, and these were in every way representative of the hospital. The Governors were represented by Mr. Johnstone and Mr. Colin Smith, both of whom received a very hearty welcome when Mr. Cosmo Bonsor proposed their health. Dr. Pye-Smith, in the chair, and Dr. Savage represented the Consulting Staff, and of the present Staff a large number were present. After dinner songs by Messrs. Wyatt and Chapple, a recitation by Mr. Edridge, and a pianoforte solo by Mr. Alan Forty, were added to the evening's entertainment.

IN common with the Committee of Management of the King Edward Hospital Fund and the daily press, we have received a copy of the correspondence which has passed between the Guardians of the Poor for Southwark and our Treasurer. On July 11th, at a time when no bed was available at the hospital, a female patient, suffering from chronic heart disease, applied for treatment. She was sent, at the hospital's expense, in a cab to the Relief Station of the district, from which she was removed to the nearest workhouse, where she died eighteen days later. The Guardians complain that the workhouse is not suitable for the admission of such a case, that the nearest infirmary is four miles distant, and "will be glad to be informed why the case was sent away from the hospital." Mr. Bonsor points out that while the hospital will always endeavour to be of the utmost use to the sick poor, its resources are limited by the number of beds, and that the onus of providing complete accommodation for such cases is imposed by law upon the Guardians, and that the trouble which is caused from time to time is due to their failure to provide such complete and accessible accommodation.

With the responsibilities imposed by law upon the Guardians in their provision for the sick poor, and with the manner, sufficient or insufficient, in which these responsibilites are met, we are not directly concerned; but all of us have worked, or will work, in the Front Surgery, all of us have its efficient working at heart, and to each of us any charge of neglect or error is personal. It is true that, in the present instance, no such charge is formulated, but "the Guardians will be glad to know why the case was sent away from the hospital." To this we have only the one answer to make, an answer that has to be made again and again every day at the hospital, that we have no room, that the beds are full,—an answer always received with the same openly expressed incredulity. That the patient's friends should refuse to believe the bad news, and attempt expostulation, is natural enough. A little illness in an only child becomes all important to the mother, but that the Guardians of Southwark should have felt it their duty on more than one occasion to express a similar disbelief, is, to us, we confess, inexplicable. From reasonable and educated men we should have expected a greater understanding of the difficulties of the situation—an enormous number of cases, a strictly limited number of beds, the ever-present danger of filling the last bed, and having to send away a case so urgent that every hour saved means an additional chance of recovery. We cannot expect the patient or his friends to reach the detached point of view of the Resident, who must find degrees in serious illness, must harden his heart more and more as the stock of beds grows less and less, and we can easily forgive the distracted mother, whose disappointment that her child cannot be admitted finds vent in abuse of the hospital. When the Guardians choose to adopt a somewhat similar attitude, we find it more difficult not to take offence, and we should have thought their present query, as to why the case was sent away from the hospital on July 11th, unnecessary and ill-considered.

We have received a letter from the Captain and Secretary of the Association Football Club urging the necessity for keenness and co-operation if the high traditions of the Club are to be kept up. During the week the first trial game has been held at Honor Oak Park, and in it we believe little new talent was unearthed. The Club has suffered some serious losses this year by the withdrawal of several of its best players, and a great effort will have to be made if the Cup is to be restored again to Guy's. Freshmen are especially invited to communicate with the Secretary, and to turn up at Honor Oak Park as soon as possible. We can scarcely credit the suggestion that Guy's men are playing for other clubs in preference to Guy's. If it is so, it is a matter which wants careful investigation.

The Secretary of the Rugby Club has achieved a great success in securing the promise of the Cambridge team to open their season by a match against Guy's at Honor Oak Park. For a great number of years Cambridge has played matches away with only three clubs, Blackheath, Richmond, and the London Scottish. All other clubs ambitious of playing the University, have had to be content with a match on the University ground. 'Varsity football is always so attractive to watch, and always commands so big a gate, that the visit of Cambridge should prove a great stimulus to hospital football. We feel sure that the merits of hospital football have only to be known to be more fully appreciated, and this the match should be successful in procuring. We hope the team will give a good account of itself, although it is not until after Christmas that it will reach its full strength.

On Saturday, October 14th, at 8 p.m., in the College Smoking-room, the first debate of the Session will take place. Dr. Savage has kindly consented to take the chair. The motion is, "That in the opinion of this House, Medicine should become a branch of the Public Service." Proposer, Mr. E. W. Giesen; Seconder, Mr. K. H. Digby. Opposer, Mr. J. H. Ryffel; Seconder, Mr. H. Joste Smith. It is hoped that there will be a good House, and the ubiquitous freshman is especially invited to turn up and show his merit.

The Dean has received the following letter from the Secretary of the London Vegetarian Association :—

> Dear Sir,—I have received a letter from a gentleman who desires to know whether my Committee will undertake to offer two prizes, one of £30 and one of £20, for the two first best opinions on "The Perfect Way in Diet," by Dr. Anna Kingsford, a copy of which I enclose, and "Uric Acid," by Dr. Alexander Haig, which I believe is well known to you. These opinions to be written by medical students and sent in and judged by our Committee. I shall be glad, therefore, if you will kindly bring this before your Board and let me know if any of your students would care to compete, and if so, how many.—Yours truly, FLORENCE I. NICHOLSON, Sec.

The Dean, placed in this unusual position, assured Miss Nicholson that the consent of the Council was in no way needful for a would-be competitor, and afraid lest the opportunity of winning fame and a handsome prize should be lost to any one, sent it to the Gazette with the discreet promise that we should give it all the publicity which such a subject deserves. To students Dr. Anna Kingsford may very well serve as an example. The work before us is her thesis for the M.D. of Paris, yet it was written apparently with the certainty that some day it would become famous. She apologises, in her preface, for dealing shortly with the "moral and philosophical" sides of vegetarianism, because "their abstruse and recondite nature renders them unsuitable to a work intended for general reading." This is the right spirit in which to write a thesis. Years after she has had her reward, and interest in it has reached such a pitch that an anonymous gentleman has been glad to offer £50 in prizes for a panegyric upon its virtues.

The Pupils' Physical Society hold their annual dinner on the evening of Thursday, October 12th, Dr. Taylor in the chair, at 7 p.m., in the College Hall. Tickets (price 3s. 6d. excluding wine) can be obtained of the Presidents or of the Steward. Despite all rumours to the contrary, Professor Osler will dine with the Society, and afterwards deliver an address on Sir Thomas Browne. For the benefit of those who, neglecting to secure a ticket for the Dinner in time, are unable to gain admission, we propose in our next number to publish Professor Osler's address. For permission to do so we have to thank Professor Osler and the Editor of the *British Medical Journal*. The lecture will be illustrated with several engravings.

We regret very much to have to record the resignation, through ill-health, of Miss Godby, the present Sister Addison, whom, however, many will best remember as Sister, for long, of the now defunct ward Philip. The whole hospital unites in hoping that she may soon be restored to health and strength.

The going-off dinner of the Residents was held earlier than usual to enable the retiring president, still showing traces of his recent distressing illness, to be present. It was the largest and most successful dinner of recent years. The speeches certainly were no worse than usual, and were not so long. The feature of the evening was the singing of Mr. Cole. Mr. Cole has never been known to sing better—it is untrue that he had never sung before—and his management of his chorus of dressers was much admired. Mr. Morton Palmer was elected President and Mr. E. C. Hughes Vice-president. The retiring residents are Messrs. Alcock, Iredell, Cole, Mann and Spriggs, and their successors Messrs. Chisolm, Payne, Leeming, Wells and Wood.

We have been asked to state that the Annual Meeting and Dinner of the Association of Public Vaccinators of England and Wales will be held at the Midland Hotel, Manchester, on Friday, October 27th, 1905. This is the first time that the annual meeting has been held in the provinces, and a most successful reunion is anticipated. The dinner will be served at 6.30 p.m., and from the interest already manifested by the members in the surrounding district, a large attendance is anticipated. Any information desired by public vaccinators will be gladly given by the local secretary, Dr. Sarjant, 1, Grosvenor Terrace, Withington, Manchester.

# On the Complications of Measles and the Treatment of Diarrhoea.

CLINICAL LECTURE BY G. NEWTON PITT, M.D.
February 2nd, 1905.

GENTLEMEN,—In continuation of my previous lecture, which dealt with the features of some typical cases of measles, I have brought three models from the Museum to show the appearances presented by the rash. You at once note the great alteration in the appearance of a child. If previously familiar with the child's face, you will be struck how much the development of measles blurs the lines, and produces considerable swelling of the face. At first there is a general hyperæmia, and very quickly the rash commences to develop at the roots of the hair near the face. This rash reaches maturity in twenty-four hours, and soon afterwards begins to fade. One model shows the rash running together into patches, forming more or less crescent-shaped areas over the face, while the rash on the forehead is commencing to fade. You generally can notice on the second or third day that the rash is developing on the legs, while it is beginning to fade on the face. Another model shows a characteristic mottled rash, with a certain amount of extravasation of blood pigment, some of the areas taking on a brownish tint. In the third model the rash is shown when fading; it has already taken on a yellowish-brown tint.

I will finish, to-day, the question of treatment, and more particularly of the complications, because measles itself, when slight, does not require much medical treatment. The essence of treatment in measles, as in many other diseases, is to be on the look-out for complications, and to be ready to treat them at once when they arise. Always bear in mind in measles that when you have a rash which develops irregularly, and instead of beginning on the face it starts on the back, *e.g.*, it points to a probable pneumonia, especially if the child is distinctly ill, and you should therefore examine the chest very carefully.

Measles is a very important disease; the mortality from it in London amounts to as much as ·41 per 1,000; and the deaths from measles and whooping-cough, especially the latter, are the most important factors in the mortality of early life. Sixty per cent. of the deaths from measles occur under the age of two, 90 per cent. under five, and only 2 per cent. over ten. The mortality varies with different epidemics, and is at a maximum about once in three years. The maximum number of deaths occur in December and in June. The disease is more fatal in towns than in the country, and especially when it is first introduced. The main cause of death is broncho-pneumonia, and it is very important to separate those cases in which this develops, as it is a superadded infective process. By doing so the mortality in some epidemics has at once been reduced to one-half. The deaths from measles are far more numerous than those from scarlet fever. The greatest mortality is amongst those about the age of two.

*Treatment.*—In an ordinary case of measles, the essential thing is to put the child to bed for a week in a room which is well ventilated, with an average temperature about 65°F. For scarlet fever the temperature may be lower. Care must be taken to avoid draughts, for if the child is exposed to them in the early stage of measles, there is likely to be some complication. The two requisites are cleanliness and good ventilation. There is no question that children get well much sooner if they have the benefit of sunshine. These patients often develop photophobia, and sometimes ophthalmia, for which the room is being kept dark. It is necessary to shade the room in the summer, but as fresh air and sunshine are so beneficial, you should not shade it more than you can help. In the winter, at any rate, it is desirable that the child should be confined to the house for three weeks; in the summer time there is not the same necessity. In scarlet fever, it is very difficult to form a prognosis for the first three weeks. A case may be apparently slight, but yet may develop severe symptoms. In the case of measles, however, you can form a fairly accurate opinion as to whether it is going to be severe, and if reasonable precautions are used, the probabilities of complications in an otherwise healthy child are comparatively small.

The next question is that having reference to bathing. It is very desirable that these children should have a warm bath every evening. This makes them very much more comfortable, and causes the skin to act. Assuming that it is done with care, and that it is not bitterly cold weather, I am sure it is extremely beneficial. The bath should be 90° to 95° F. The patients generally have a very considerable amount of inflammation of the mucous membranes, and therefore it is desirable to keep them on quite a simple diet, such as milk, with chicken or veal broth. But they are very thirsty, and there is no reason why they should not have water. The best way

to satisfy the thirst is to give them a small glass holding about two ounces, and let them drink it whenever they want it. They are much more satisfied if they are allowed to empty the glass. If they are not allowed sufficient liquid, their discomfort is greatly increased. Very often they are hoarse, and have a troublesome barking cough. For this you should avoid all stimulating expectorants, simply ordering a sedative, such as fruit juice or barley water. These may seem trivial, but often no additional treatment is required. The lips get dry and cracked, and these children are much more comfortable if the mouth is frequently washed out with boracic lotion, containing 2 per cent. glycerine, and a little grease is put on the lips and around the nose. When the throat is very troublesome and there is laryngitis, a cold compress, changed from time to time, gives considerable relief. So far as medicine is concerned, a little liquor ammoniæ acetatis or liquor ammoniæ citratis is sufficient for the purpose.

The main troubles which you should be on the look-out for in complicated cases are diarrhœa and broncho-pneumonia. Be very careful about administering purges. A brisk purge may start or increase the tendency to diarrhœa. The best thing is either an enema, a small dose of castor oil, or other mild laxative.

I now pass to the causes of the various complications which one has to consider. If you have a very severe case, where the child is very toxic, has a headache, is drowsy, and a high temperature, showing he has general poisoning, you may find the patient will die in spite of any treatment which you may adopt, but such cases are rare. There is no question that a hot bath, at about 100° F., with mustard, is of extreme value in such cases. Put about an ounce of mustard to the gallon of water and squeeze out the mustard, which is to be tied in a gauze bag, into the water until it tints it. If a child be immersed, after such a bath, for three or four minutes, the skin will be stimulated and become red, and the tendency to collapse will be diminished. In some cases a cold compress to the head, or a cold pack, will give relief. It is very essential in such cases to see that the child has plenty of nourishment. There is no drug which has a specific effect in toxic conditions. You have to see that the skin, kidneys, and bowels are acting well, avoiding anything in the nature of diarrhœa.

If the cardiac condition is feeble on account of the toxic state, the question arises, what are the best stimulants to use? There is no doubt that alcohol is of extreme value. Where the parents are well off, I believe that for children there is no stimulant equal to fine old sherry. It is superior to brandy, but where it cannot be obtained the latter is useful. Spiritus vini gallici of the Pharmacopœia, in small doses, is very useful given at frequent intervals. Ammonia is not so useful as strychnine. In cases where other things seem to have failed, there is no doubt that camphor, ether, and musk all have their uses. Where children are very toxic, with laboured respiration, dry-cupping is of value, especially where the onset of pneumonia is feared. Still, we must accept the fact that the poison in some is so virulent that the heart will fail in spite of all treatment. In some epidemics of measles the disease is extremely virulent, particularly where it has invaded a population for the first time. Measles may remain away from a locality for some years and then re-appear, and when it does so it seems to be of a very severe type. But you will seldom find a town in which there are not some cases of scarlet fever.

Let us now pass on to the pulmonary troubles. First, laryngitis and pneumonia. Where the laryngitis is severe, with dyspnœa, and the cough troublesome, steam from a kettle to moisten the air is useful. For a strong child you may use one or two leeches, hot fomentations or wet compresses. As a rule, in the early stage, when there is a very troublesome cough and the mucous membrane is dry, swollen and livid, and you want to promote secretion, the drugs you must avoid are ammonia, squills and senna, but give salines, such as bicarbonate of soda, or liquor ammoniæ acetatis, and vin. ipecacuanhæ. To that you may add a few drops of tr. camphoræ co. So your ordinary prescription in an early stage would be some alkaline drug, with a little ipecacuanha or some sedative, rather than a stimulating expectorant. Where the dyspnœa is very severe, you will sometimes find an emetic is of use, and, on the whole, perhaps one-quarter or one-half grain of sulphate of copper for a small child, repeated frequently, is the most useful. After five or six doses the child will probably be sick, and then the breathing will be found to be much relieved, or mustard and water may be used.

If there is broncho-pneumonia, recent experience has shown that one of the most valuable drugs for cutting it short or limiting the attack is belladonna. Small children will tolerate a large dose of belladonna. Even to such an one you may give 24 ♏ of the tincture of belladonna

in the course of a day—*i.e.*, four minims every four hours,—or you can give one and a half grains of the extract of belladonna in the course of the day.

In many practices poultices have gone out of use altogether, but there is no doubt that at the onset of an attack they have their use in starting the secretion of the bronchi and inducing perspiration, or hot fomentations or spongiopiline, soaked in hot water, may be used. But when perspiration has been started, to continue to apply the poultice or the fomentation is the reverse of beneficial, and the child is much better with a cotton-wool jacket next the skin. For the relief of headache, a mustard leaf to the back of the neck, or a cold compress or other local application, are better for small children than potent drugs. At the same time, aspirin is a drug which is of extreme value for the relief of pain and discomfort, and may be given to children, in doses of two or five grains, without any bad result.

Insomnia is largely due to the uncomfortable condition of the mouth and skin, and this is much benefited by warm baths and sponging, and by keeping the mouth moist and clean. Sometimes it persists, in spite of these measures, and then bromide or chloral—in doses of two grains for a baby, and more for an older child—will procure a good night's sleep, which otherwise would have been impossible or most difficult.

In diarrhœa and constipation, I have warned you to avoid purgation, as diarrhœa is one of the most important complications you have to face. It is common for it to occur at the onset of the disease, and it is still more common at the end of the first week; the child may have foul slimy motions, which are offensive and frothy, and in some cases there is a good deal of mucus and blood. The success of the case will largely depend on your success in combating the diarrhœa. I shall say something about the treatment of diarrhœa when it occurs in measles, and then about its treatment in children generally.

First of all, it is essential that you should see the motions; and you will observe certain abnormalities. You may find that the child is passing undigested food or lumps of curds in the motion, and it may smell sour and otherwise offensive. There may be a large amount of mucus in the motion, which may be very loose, and may contain blood. Again, it may be abnormal in colour, being pasty and almost white, or even green. There is a certain amount of difference in the treatment according to the conditions found. First, where the motions are offensive, contain undigested food, and where there is a good deal of mucus passing, there are two things to be done. First, you must see that the food is as digestible as possible. It might be either more diluted or peptonised. I will speak more of that presently. The most useful drug to employ here is castor oil. This, given in a dilute emulsion three times a day in the early stage of the disease, will result in the motions quickly becoming more healthy. A very good prescription is the following:—

℞ Ol. Ricini ... ... ʒii.
Pulv. Acaciæ ... ... ʒi.
Ol. Amygdalæ dulcis ... ʒii.
Aq. Cinnamomi ad ... ʒiij.
Fiat Mist.

Two teaspoonfuls three times a day.

You need to be particularly careful at the onset not to give astringents; you must first get the mucous membrane into a more healthy condition. If the motions are frothy, give chalk in some form, which will generally diminish the fermentation. Where the motions are loose without very much fermentation, bismuth is useful. When the motions have become free from undigested food, but still remain loose, you may begin to use astringents. For small children you will find tincture of catechu, extract of hæmatoxylin, or tannigen most useful; these, for an ordinary case, will suffice, but in many cases, in spite of these drugs, it is necessary to add opium in some form. You should be extremely careful in the use of opium for small children, because a large dose of it may very quickly produce coma. But if you use only small doses of the compound tincture of camphor, or of tincture of opium, it may be given with the greatest advantage. But never give a second dose while the patient remains drowsy as a result of the first. If you give a small dose, and find the child able to bear it, you may then, if necessary, increase it without risk, still taking care to leave it off when the child is drowsy. In cases of severe vomiting and almost incessant diarrhœa, $\frac{1}{6}$ gr. calomel may be given every three hours for four doses; you will also find that a subcutaneous injection of $\frac{1}{40}$ gr. or more of morphia will often stop it like magic. Chlorodyne is another useful drug which may be given with the chalk or bismuth mixtures. The general principle is to give either castor oil or chalk, bismuth, or an aromatic mixture without astringents until the motions are more healthy, even if they have not the proper consistency. The old-fashioned rhubarb and soda in the form

of a mixture or a powder is very useful, and also rhubarb and magnesia. Another prescription which is useful in diarrhœa, whatever the cause, is—

| | |
|---|---|
| Tr. Cardamomi Co. ... | ... ℥j. |
| Spirit Ammon. Aromat. | ... gr. xx. |
| Bicarbonat. sodii ... | ... gr. x. |
| Glycerin. ... ... | ... ℥j. |
| Aq. menth. pip. ad. ... | ... ℥j. |

A couple of teaspoonsful of that mixture will often materially improve a child's condition; it will diminish the colic and make the bowels more healthy. In cases where it is not sufficient it will be necessary to add chlorodyne, or a little opium. It is only later on you give astringents.

The diarrhœas which you meet with in children may be divided into three groups: so-called simple diarrhœa, which is the result of having indigestible food or of exposure to cold; next, inflammatory diarrhœa, that is to say, where there is pyrexia as well, which you do not usually find in the simple form, and it may also be the result of some infective process like measles; thirdly, there is infective enteritis, the so-called summer diarrhœa.

I may here say a word about the most common causes of diarrhœa, because of course the treatment and diet will depend partly on what is the particular factor which has induced the attack. In infants by far the most common cause is improper feeding; and that may consist in their having too much farinaceous food, which they are incapable of digesting. Again, the food may not be fresh; it may be that the bottle is dirty; or the food may be prepared only once a day, and may begin to ferment before the child takes it. Or the child may have been fed on the same diet as the parents are having, including such things as pork and cheese. Another very common cause of diarrhœa in children is undue exposure, particularly in washing. It is common for children, even in cold weather, to be kept stripped for some minutes, by which they get a chill, which may be the starting-point of troublesome diarrhœa. Also, a child which has rickets is extremely liable to have intestinal catarrh. Next comes the result of excessive care. If children are kept in hot rooms and not allowed sufficient fresh air, every crevice being stopped up, and the temperature maintained at too high a point, so that the moment they go out into the air, the cutaneous vessels, which have not been accustomed to react against cold, remain dilated; the internal vessels will become engorged with blood, and intestinal catarrh result.

We next come to digestive disturbance associated with the cutting of teeth. There is no doubt that many children have considerable digestive disturbance when the teeth are erupting, and at this time many of them develop an attack of diarrhœa, sometimes with pyrexia.

Then of course there is the group of diarrhœas which we associate specially with specific fevers; and in measles, apart from the toxic state, no doubt much of the diarrhœa is due to the eruption which develops on the alimentary canal, probably very similar to that which one sees in the mouth and on the skin.

Of course your treatment of the diarrhœa depends partly on which of these factors has been most potent; it is certainly always much easier to get the attack well if the patient is in bed than if he is about. And it is desirable that there should be flannel or cotton wool about the abdomen to keep it at an uniform temperature. When you find a child is passing curds of undigested milk, you should either dilute the milk with more barley-water or peptonise it. If you find that is not sufficient, it is much better to reduce the amount of proteid in it; because it has become increasingly clear that the essential element in our food is water, and that if a child has sufficient water it can go on for a considerable time without other nourishment; whereas if it does not have sufficient water it runs down-hill much more rapidly. It is much better that a child should have merely water, albumen water or whey, veal broth, or chicken broth, and not have diarrhœa, than that it should have milk or other food associated with more diarrhœa. Many such children have sunken eyes and a dry skin, simply because they are not given sufficient liquid. If the loss of liquid is carried to a considerable extent, absorption is entirely in abeyance and digestion ceases. The liquid can be supplied in various ways. If the motions are not very frequent, very often a saline enema given gently through a funnel and a soft tube will be retained in the rectum and quickly absorbed, because the body is in need of water. If, however, the child is vomiting and the motions are frequent, so that you cannot give the fluid by either mouth or rectum, you can supply it subcutaneously as a hot saline solution (80 grains of salt to the pint); and in urgent cases of diarrhœa, where the loss of liquid is very marked, this has a very striking effect. If it is not so severe as that, and fluid can be taken by the mouth, then, assuming it is able to assimilate its food, whey, or the white of an egg, and a half-pint or quarter-pint of water or mutton

or chicken broth, can be given, for several days if necessary without any other food.

Sometimes, if the child is very feeble, it is well to make the whey with sherry—a glass of sherry to half a pint of milk. By boiling and straining this, you get whey which contains a certain amount of alcohol, which, in very feeble children, is a great advantage. Also sometimes, when the diarrhœa is very severe, you can make your whey with alum, which gives you an astringent mixture.

Provided the diarrhœa can be kept in check, you can continue with this whey for two or three days without any anxiety as to the child starving. When the child can take more you can either add cream—which some children assimilate very well, even when they cannot take dilute milk—or you can give whey to which milk is added in increasing amounts, until gradually you get back to the proportions of milk and barley-water which the child had previously been having. On the whole, it is undesirable to give much farinaceous food when the diarrhœa is severe, because farinaceous food ferments extremely readily. In cases of severe trouble, where other food is not assimilated, you will find Horlich's Malted Milk will be assimilated. But all these desiccated preparations can only be used for a short time—a month or six weeks. If continued much longer the child will become anæmic, while rickets will develop.

When the diarrhœa is somewhat better, but any attempt to increase the amount of milk, or to add farinaceous food causes unhealthy motions to reappear, more particularly in the chronic or subacute conditions, you will find raw meat is of extreme value. It may be added to the liquid that the child is having, or it may be given separately. And where children tend to pass a quantity of mucus, and very unhealthy motions, they should be fed largely on raw meat. It may be disseminated through some broth, or taken between two slices of bread and butter. And you must bear in mind that, as a rule, mucus makes the motions especially offensive. If you give pepsine at the same time, the motions become less foul.

There is another principle which one ought to lay down with regard to diarrhœa, and that is, to get out of the habit of giving syrups. Many prescriptions used to be made up for children with syrups, because, unless you make children's mixtures sweet, it is difficult to get them to take them. But it is better to use glycerine or gluside, in the proportion of $\frac{1}{4}$ gr. to each ounce of a mixture.

There is another form of diarrhœa, to which I ought to allude, in which a child's bowels act as soon as he has taken food. This is due to excessive peristalsis, which the presence of the food sets up, causing the food to be quickly passed on. This form is not benefited by astringents, but is best treated by arsenic—1 ♏ of liquor arsenicalis, with tincture of nux vomica. If you do not find that sufficient, you can add a drop or two of tincture of opium.

In measles, one of the forms of diarrhœa which is very troublesome is that in which there is a great deal of mucus. It is sometimes spoken of as dysentery. Where there is catarrh of the large intestine or rectum, the patient will pass scybalous masses which are embedded in mucus. There may be motions entirely consisting of mucus, and sometimes bile-stained or blood-stained. There is a great deal of colic in such cases, with some prolapse of the bowel, and a great deal of abdominal discomfort. When the catarrh is higher up in the small intestine there will be no mucus visible to the naked eye; but if you put a fragment under the microscope you will find flakes of mucus which can be readily detected. Sometimes this mucus is pigmented with bile, that is to say, if you add a drop of nitric acid you will find a biliverdin reaction which normally you should not. That shows that the motion has passed very quickly through the large intestines. You know that the formation of stercobilin takes place chiefly in the large intestine; and if the contents pass quickly through the large intestine there is not sufficient time for the bile pigment to be altered. For these mucoid motions I have already said one of the most valuable drugs is the emulsion of castor oil; another is ipecacuanha, and a third sulphate of magnesia. Ipecacuanha can be given in small doses and the amount gradually increased. Small children will take from $\frac{1}{10}$ to $\frac{1}{2}$ grain of powdered ipecacuanha, or 1 grain of Dover's powder, and 1 grain of hyd. cum creta may be given to a child of three or four years of age. For a small baby you would give $\frac{1}{4}$ grain of each. But in some cases, in spite of all you can do, you will find this catarrh of the large intestine will persist; and then most benefit is obtained by enemata, containing starch, and, if necessary, some opium. In some cases merely washing out with a solution of boric acid, or a weak solution of formaline, will gradually restore the mucous membrane to a healthy condition. As a rule you do not require to use antiseptic enemata except in cases which have run on for many weeks, and have become chronic.

Many cases of measles with catarrh of the intestine improve for a time; yet the moment you attempt to get the child back on ordinary food, the motions become unhealthy again. In such cases nothing seems to do so much good as getting the patients into the country, and giving them the benefit of as much sunshine as possible. Where you have small children in hospital, in London, with pasty motions, fermenting and containing much mucus, their convalescence is sometimes a very slow process. The prolonged convalescence in some cases of measles is generally the result of chronic broncho-pneumonia, tuberculosis, or catarrh of the intestine, and these cases give rise to much anxiety. Keep the amount of their farinaceous food low; these patients will probably assimilate proteids in considerable amount without producing unhealthy motions, and it is only by keeping them free from all chills, and improving their general health, that you can gradually bring them back to their normal condition.

I referred to the motions being sometimes green; there is uncertainty even now as to the causation of this green pigment. On the whole, the evidence is in favour of it being due to some fermentative organismal change, and that the treatment of most use is either hyd: cum creta; or calomel, in very minute doses—$\frac{1}{12}$ or $\frac{1}{20}$ grain—or liquor hydrargyri perchloridi. A drug much used by some is chloral. There are many cases of chronic intestinal catarrh and diarrhœa in children which will benefit very much with chloral. It is difficult to clearly understand how it acts, but there is no doubt about the benefit.

Among the other complications of measles, enlarged tonsils may sometimes require local surgical treatment, but they generally improve gradually as the child's general nutrition gets better. Then glands often enlarge, due to caseous changes, and require surgical measures. For enlarged glands there is nothing better than arsenic in fairly large doses, and under this they often quiet down.

Chronic ophthalmia is to be treated by great cleanliness and local astringents, while cod liver oil should be given to improve the general nutrition. Many cases of measles are followed by a long period of malaise without any very obvious defect, and these benefit very much from cod liver oil.

It is very striking how frequently chronic caseation of the mesenteric and bronchial glands is preceded by measles, in fact in the majority of the cases.

The commonest causes of severe pain in measles are otitis media and colitis

The other complications, such as nephritis and nerve lesions, are very infrequent; it is noteworthy, however, that many backward and deficient children date their deficiency from an attack of measles when doubtless they had some patch of encephalitis.

## Correspondence.

*To the Editor of* Guy's Hospital Gazette.

### An United Hospitals' Boat Club.

Dear Sir,—You may make what use you like of the following note:—First, the benevolent-looking old gentleman whose portrait is in the Clinicals' room, was dissected in my time about 1863. I believe he was an old Indian officer, but, beyond the fact that we called him the major, I cannot remember more. He left his body for dissection to Guy's Hospital.

Next, as to the old Boating Club. During the sixties Cooper Forster was a great enthusiast, and old Mr. Cock also encouraged the Club; not only had we an eight, but pairs and sculling boats. Davies-Colley, Coleman (of Surbiton) and Barrett, I think, rowed a hard race for the then existing Diamond or Silver Sculls. I well remember one incident. A scratch eight was umpiring the pair race, and in the eight were two members of the staff; the cox., intent on the race, managed to run the bow of the boat too near a barge, when bow and his neighbour rose with the intention of saving themselves on the barge, but the stroke, an old Eton oar, shouted "D—— you, keep your seats and back water." The staff submitted, and all went well. There were records of Henley and local Thames races, but these are only memories now.—Yours truly, G. H. SAVAGE.

3, Henrietta Street, Cavendish Square, W.
September 26th, 1905.

### Students' Glee Club.

Dear Sir,—May I avail myself of the pages of the Gazette to inform Freshmen, and to remind everyone else, that the Students' Glee Club will recommence its rehearsals on Friday, October 13th? The Club, in conjunction with the Nurses' Choral Society, hopes to produce two concerts during the season, one in December and the other in March. Rehearsals are held every Friday at 5 p.m., in the Governors' Court Room, and combined rehearsals every alternate Friday at 8 p.m.

As the rehearsals for the December Concert will be none too many, it is hoped that all old and new members will make a point of turning up as regularly as possible. Further details may be obtained from the Hon. Sec., or from any of the Officers of the Club, as mentioned in the Clubs' Union Blue Book.—I am, yours truly,

F. A. BARKER, Hon. Sec.

October 2nd, 1905.

### Association Football Club.

Sir,—May we through your columns speak to all "Soccer" players at the Hospital?

It has been brought to our notice that several men are playing for outside teams. We should like to point out that this club has the prior claim; and that anyone who is fit to represent us in the field and plays for an outside team is no Guy's man.

The fixture list is a very good one this season. Every team representing the hospital is selected by the captain and his committee. Should a man be asked to play and fail to turn out, unless he have a proper excuse, he will be dropped.

We want a team to bring back the "Soccer" Cup to Guy's, and this can only be obtained by composing the team of thorough sportsmen who will sacrifice something for the glory of their hospital.—Yours, etc.,

A. F. W. DENNING, Captain,
A. W. BERRY, Hon. Sec. (pro tem.).

### The United Hospitals' Hare and Hounds.

Dear Sir,—May I, through the columns of the Gazette, call the attention of Guy's men, especially freshmen, to the existence of the above Club?

The U.H.H. & H. run across country as guests of the Blackheath Harriers, every Saturday, from the Green Man, Blackheath. A strong racing fixture-list is annually gone through, amongst our opponents being Oxford, Cambridge and Dublin Universities, whilst at the end of the season, in February, the ten miles Inter-Hospital Cross Country Championship is held.

An annual subscription from the Guy's Hospital Clubs' Union to the U.H.H. & H. confers the right of membership to the Club on Guy's men who already belong to the Union, moreover, the Blues Committee award three Half-Blues annually to the first three Guy's men home in the Inter-Hospital Cup race.

The Annual General Meeting of the Club will be held at Guy's on Tuesday, October 10th, at 4 p.m., H. A. Munro, Esq., M.B., B.Ch., President, in the Chair, whilst the first run of the season will be held from the "Green Man" on the following Saturday.

The Cup is now in the possession of St. Bartholomew's, but it is hoped that this year Guy's will once again send a team which will replace it to its ancient and historic position in the Smoke-room.—Yours, etc.,

HUGH STOTT.

## Pass List.

### University of Durham.

THIRD EXAMINATION FOR DEGREE OF BACHELOR OF MEDICINE.

E. P. H. Joynt. H. F. Joynt.

## The Students' Club Dinner.

For the purpose of commemorating the reopening of the Medical School for the Winter Session, and to welcome new students, a very successful Club dinner was held on Monday, October 2nd.

Dr. P. H. Pye-Smith, M.D., F.R.S., F.R.C.P., presided, and among the company of 90 were Mr. Cosmo Bonsor (Treasurer), Mr. Colin Smith and Mr. Johnstone (Governors), Dr. Frederick Taylor, Sir Thomas Stevenson, Sir Cooper Perry, Mr. Golding-Bird, Dr. G. Savage, Mr. Symonds, Dr. Newton Pitt, the Dean, Mr. A. W. Ormond and Dr. Steele Perkins.

Ample justice having been done to the good things provided, the evening was passed in speech and entertainment.

TOASTS.—The King.

The Chairman proposed "The King" in a few felicitous phrases, and the toast was heartily pledged.

The Students' Club.

The Chairman, in proposing this toast, said he thought all would agree that the Students' Club had been a great source of enjoyment, comfort and advantage ever since it was founded, and he hoped it would continue to be so for many years. It was not only a Students' Club, but much more. As he looked around, he saw many who were—what all were to the end of their days—students, in days gone by, at the hospital, and, therefore, the October dinner became a gratifying means of renewing acquaintanceship with their Alma mater to many who once studied within its walls. The committee of the Club thanked those gentlemen for their presence, and extended a hearty welcome to them, even though it might be that their names had for the moment escaped his memory, a fact which might, perhaps, be attributable to advancing years. ("No.") Guy's men valued very highly this domestic festival, which was not an occasion for rhetoric or for prolonged speeches, especially as music had been provided. Special thanks were due to the Treasurer, Mr. Cosmo Bonsor, for the part he had taken, as in former years, in making the gathering a success. He also thanked those members of the governing body, Mr. Colin Smith and Mr. Johnstone, for kindly joining the company at dinner. Another justification for the festival was that it enabled one to look around at the portraits on the wall, and remember the distinguished men who, in past days, worked hard for the honour and fame of Guy's. A few months ago he visited Mr. Thomas Birkett, who was one of the senior staff when he (Dr. Pye-Smith) joined as a student. Mr. Birkett lived to a patriarchal age, and became mellowed with advancing years. While a surgeon at the hospital he had great ability and a strong character, but he was certainly a constitutional grumbler; the sun was always too hot or the weather too cold to suit him; and whatever improvements were introduced, he regarded them as the invention of the Evil One. He grumbled when he retired, as others did, after fulfilling his term of office.

He (Dr. Pye-Smith) knew him when he was bed-ridden and half paralysed, and suffering from many of the ills attending advanced life, and he assured his hearers that a more cheerful, happy, contented and congenial companion one could not find. He hoped that when he and those around him had lost the spines and prickles which appeared in early life, and became mellowed with age, they would have nothing but what Mr. Birkett had. (Applause.) Then many would remember Mr. Owen Rees, an extremely amiable and good-tempered man, with one exception—if any one came near his hat, his language became more forcible than polite. His presence in the wards, also, was always most instructive, and often very amusing. On one occasion a poor old woman in Miriam ward was extremely voluble of tongue—surely a rare accomplishment in the fair sex—(laughter); she talked very freely and not always to the purpose. To stop her, Smith told her to put out her tongue. She did so, but only for a moment, and the wordy flow continued. Then the request was varied, "Put out your tongue, ma'am; keep it there," and so the spell was broken. (Laughter.) He could not refer to all the distinguished men of the past, but of two he would speak. One was Cooper Forster, one of the handsomest men and one of the finest athletes he ever knew. Then there was Walter Moxon, an Irishman, who was full of paradox and humour, and a man of very great brilliance, who did some wonderful things in physiology. Unfortunately he was cut off at an early age, and he was sure those present did him honour. There was also Sir Astley Cooper, the distinguished surgeon, a copy of whose portrait by Sir Thomas Lawrence hangs on the wall. This portrait has been very well engraved, and should be in the possession of every medical man in the country. He was a man whom one always felt proud of, a man of noble and generous character, not without faults, but with manliness, uprightness, geniality, good fellowship, brilliant devotion to his duties, and especially to building up the great school of the hospital, which would ensure his name being ever handed down to future generations. (Cheers.) By a happy inspiration, the Governors commemorated Sir Astley's connection with the hospital by affixing his name to one of the surgical wards, as was also done in connection with the illustrious names of Bright and Addison, which would always be associated with Guy's. Those were a few of the reminiscences which occurred to his mind, and perhaps their imperfections would be excused in view of the fact that they were new and recent, and it was the duty of himself and those around him to hand on to future generations that constant interest in the great names associated with the hospital which had made its School of Medicine known over the whole world. In Berlin, he found Virchow busily occupied with the last number of Guy's Reports, and the distinguished scientist asked with great interest about Dr. Hodgkin, who was still living, and about Dr. Wilks, as he then was. In America, he found the name of Guy's Hospital was a passport to all that was most scientific and excellent in the work there, and only last year, in Paris, he received a most cordial welcome from the Hospital of Notre Dâme and from the Hôtel-Dieu. A successor to Trousseau, at the latter place, knew all about Guy's Hospital, and was delighted to hear how matters were progressing there, speaking of it always with the greatest admiration and affection. Guy's men belonged to an institution of which they might well be proud, and one that was known all over the civilised world. If those present could not boast of being equal to their fathers—and he did not think they could—at all events it was not for each to praise the merits of the others, but all could help to add to the glory, the credit, and the renown of Guy's Hospital. The present was one of the important means of doing so, and he therefore gave the toast "The Students' Club." (Cheers.)

Mr. Alan Forty gave a fine rendering of the pianoforte solo "Pres de Berceau," by Moskowski.

### The Guests.

Mr. Cosmo Bonsor, in submitting this toast, said the present was the tenth occasion on which he had had the privilege of being among the students at the October dinner, and he believed that on all those occasions it had either been his duty to propose Dr. Pye-Smith's health, or it was Dr. Pye-Smith's duty to propose his own. (Laughter.) And having naturally come primed with that idea, he was now in great difficulties. It would have been noticed that Dr. Pye-Smith was in no difficulty, because he had made a most excellent speech, giving his reminiscences, and setting forth very good reasons why the Club should be supported, and its resources backed. And that would be a great relief to his hearers, because instead of being able to make a set speech, he was thrown upon the resources of the moment, the alternative being a eulogy of his own colleagues. He had known his friend on his left, Mr. Johnstone, for a considerable number of years. They were at school together—he believed they were in the same division or class—but he thought Mr. Johnstone was always ahead of him, and much the better man. He had also known Mr. Colin Smith a long time. He looked upon Mr. Johnstone as more or less his equal, but upon his friend on the right as his master, as he had been over him in every walk of life, and he ruled him (Mr. Bonsor), with a rod of iron—(laughter)—in the same way as he himself ruled the students of that great Institution. (Laughter.) But they were all assembled that evening to welcome the new boys. (Hear, hear.) All were aware that the Dean never let people know whether there were any new boys or not, but having walked about the colonnade during the last few days, he had noticed certain symptoms of a rather good entry, and also that the Dean had got a rather pleasant expression. (Laughter.) Therefore he hoped there were a certain number of new boys present. And he would say, not only on behalf of the Governors, but for the Staff and the whole traditions of Guy's, that every new boy who came meaning to do his duty would receive not only a cordial welcome, but would be

received generally into the spirit of the Institution which he joined. (Applause.) That spirit was one, first of all, of good fellowship. Once agreeing that they were bound together in a cordial ring of good fellows, making allowances for their own faults and those of others, they would be glad to belong to that great Club. Reverting to the distinguished guests of the evening, Mr. Hugh Colin Smith had been a close neighbour of Guy's for many years, and was a Senior Governor to himself. Mr. Smith had always taken the keenest interest in Guy's, and came across to help the Governors whenever he was wanted. That was the first occasion on which he had attended the Club dinner, but it was a hope that the reception which would be accorded him would make it a certainty that it would not be the last. (Cheers.) With regard to Mr. Johnstone, the students had got to hear more of him in the future. He was a member of the Governors' Estates Committee, and estates were of the greatest interest, as they produced the revenue upon which the Institution lived.

Mr. H. Colin Smith thanked Mr. Bonsor for the overkind words he had used, and all present for their reception of them. He had enjoyed his dinner very much, and was proud to be with them on that festive occasion. His enjoyment of the dinner would be understood when he stated that he did not know a speech was expected of him. Mr. Bonsor was the channel through which his invitation was given, and he thought there must have been a little malice in it, because that gentleman had proposed his health, and he could not tell the reason why. It was true he had been a Governor of the hospital for many years, but he had not been able to do his duty to it as well as he should. But if Mr. Bonsor asked him to do anything for it, he was only too happy to do it if it lay in his power. He considered it a great honour to be Governor of Guy's, and also to be associated with Mr. Bonsor in the work which he did so eminently well. (Applause). He had been much struck by the great improvement in everything about the hospital: the men smoking their pipes and spitting about the place was a thing of the past—("Oh!" and laughter)—at least, he did not see it now. The wards also were better, and with the improvements brought about by Mr. Bonsor, everything looked much better now than years ago. There were very few places, if any, where there was such a love by the students for the place and for each other, and that he regarded as one of the great causes of the success of Guy's. (Cheers.)

Mr. Johnstone, in responding, said, Mr. Bonsor had anticipated the confession he was about to make with some shame, namely, that the present was the first occasion on which he had been at the Students' Club dinner. Still, he hoped it would not be the last. It was his misfortune to live in the country, so that it was not so easy for him to enjoy himself in London as it was for many people. But he would certainly come again if Mr. Bonsor would invite him. It was the rule at Guy's when in a difficulty, to refer to the Treasurer, and he did it now. It was true that Mr. Bonsor and he were boys together at school, but he was not sure that Mr. Bonsor's description was a correct one. They rowed in the same boat together, and it was now a pleasure to pull an oar behind Mr. Bonsor at Guy's. He could not spend so much time at the Institution as he would wish to; it was a place which any Governor would feel an interest in. Certainly to go round with Mr. Bonsor was a lesson in geniality, and gave one much to think about, and it was an honour and pleasure to work with him. (Applause.)

Mr. Chapple gave a song, and Mr. Edridge a recitation.

### The Chairman.

Mr. Morton Palmer submitted the health of the Chairman, and in doing so, said the task was a very pleasant one, made all the pleasanter by the knowledge that it would meet with such a hearty reception from all present. (Applause.) One might eulogize Dr. Pye Smith under many heads. As chairman such was not necessary; his talents in that direction had been sufficiently manifest. As President of the Club—a post he had held for many years—Dr. Pye-Smith had provided a striking demonstration of what a President could do. He was most popular and most eager in his work on behalf of the Club. Very few general meetings of the Club had been held during past years which Dr. Pye-Smith had not presided over, and when whipping up an attendance at those meetings it was a great inducement to be able to say that Dr. Pye-Smith would preside. The President had always been most kind to those members of the committee who happened to meet him. To Guy's men Dr. Pye-Smith was known for many things, perhaps chiefly as editor of Dr. Fagge's "Medicine"; for as the interpreter to modern students of an old and well-known physician he had been pre-eminent. Perhaps the greatest compliment which he (Mr. Palmer) ever heard paid to that well-known book was when a member of the Staff (he was not with them that evening) said it was the only work on medicine which one could read in an armchair with one's feet on the mantelpiece. That was a great compliment to the medicine book, but it gave a terrible insight into the ways of the Staff. (Laughter.) One could conjure up a terrible vision of rows of the Staff in armchairs. Just fancy Mr. ——, but perhaps it would be best to refrain. (Laughter.) Dr. Pye-Smith was also Vice-Chancellor of the University of London, a University to which Guy's was now proud to belong, and hoped to have an even greater part in it in the future if the present scheme reached fulfilment, hoping to share in the earlier studies of men before they entered the wards. When that came about, one knew what an advantage it would be to have a friend at court. (Applause.) It was six years since Dr. Pye-Smith taught in the wards, and those who were at Guy's then would remember the crowd of men who went round with him on his last afternoon. Mary ward was packed from end to end—people even standing on beds and lockers—all anxious to have their faces included in the photograph which was taken on the occasion.

The toast was very enthusiastically honoured, with musical accompaniment and three cheers.

The Chairman, in response, thanked Mr. Palmer for the very kind way in which he had proposed the toast, and all present for their cordial reception of it. The saddest day of his life was when, very properly and rightly by the inexorable law of nature, he was no longer privileged to be an active member of the Staff. But if there was anything which consoled one when that inevitable severance took place, it was to have still, from time to time, an opportunity of coming within those sacred and revered walls and seeing that though one had gone and better men had taken his place—("No, no")—the old place went on still, and there were always fresh men coming on to take the place of those who had left, and so carry on the great traditions of that noble School of Medicine. (Cheers.) For that reason it was still to him the greatest pleasure and privilege to be allowed, from time to time, to have some secured and real participation in the activities and fortunes of Guy's Hospital. That was the name which, ever since he joined as a first-year man, had been foremost in his affection, and it would be that which he would carry to his grave with the greatest regard for all those who had been students there. In conclusion, he thanked all present for their very great kindness. (Cheers.)

# THE HOSPITAL APPEAL.

### Thirteenth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... | 53,652 | 6 | 0 |
| W. F. Courthorpe, Esq. ... ... ... | 25 | 0 | 0 |
| W. Ladenburg, Esq. ... ... ... ... | 21 | 0 | 0 |
| S. G. Holland, Esq. ... ... ... | 21 | 0 | 0 |
| L. S. Cobham, Esq. ... ... ... ... | 15 | 15 | 0 |
| John Townsend, Esq. ... ... ... ... | 10 | 10 | 0 |
| J. A. Ripley, Esq. ... ... ... ... | 5 | 5 | 0 |
| Archibald Scott, Esq. ... ... ... ... | 5 | 5 | 0 |
| | £53,756 | 1 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 4th inst.) ... ... ... | 33 | 17 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £53,789 | 18 | 6 |

## Papers by Guy's Men.

On Spontaneous Gangrenous Formations in the Vermiform Appendix, with Two Cases. By John D. Malcolm, F.R.C.S.E.—*British Medical Journal*, 30th September, 1905.

Acute Osteomyelitis and Periostitis of the Spine. By A. H. Tubby, M.S. Lond., F.R.C.S.—*Ibid.*

On the Use and Abuse of Condensed Milk and Patent Foods in Infant-feeding. By George F. Still, M.A., M.D. Cantab.—*The Practitioner* for October, 1905.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

### Thirteenth List of Collections.

(Received up to Wednesday, October 4th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 64,789½ |
| Astley Cooper, Sister (131s.)—Arthur Butler ... | 21 |
| Atkinson, Dr. T. R. (17s.)—Thos. Goodey... ... | 5 |
| Bell, Miss (8s.)—Rev. Farquhar MacRae ... ... | 2 |
| Bisshopp, Dr. F. R. B. (706s.)—H. H. Kent ... | 30 |
| Bright, Sister (875s.)—Mrs. Barclay ... ... | 21 |
| Catto, W. H.—Collection ... ... ... ... | 16 |
| Charity, Sister (1s.)—A. E., C. V., and L. G. ... | 4 |
| Crew, Dr. John (10s.)—Miss Gertrude H. Dun ... | 5 |
| Craig, Mrs. M. (28s.)—Miss R. Courtney ... ... | 10 |
| Croft, L.—Miss Dorothy Davies ... ... ... | 50 |
| Davis, Miss A. (5s.)—The Misses Pillean and friends ... ... ... ... ... ... | 10 |
| Dorcas, Sister (503½s.)—Miss Brand ... ... | 1 |
| Eames, Miss R. C.—Mrs. Holmes ... ... ... | 1 |
| Fawcett, Mrs. Walter—Walter Fawcett ... ... | 5 |
| Hammond, Dr. J. A. B. (98s.)—Mr. Deeks... ... | 3 |
| Harper, R. Sydney (30s.)—Mrs. Dalyell ... ... | 1 |
| Kirby, Miss—M. C. Kirby ... ... ... ... | 25 |
| Lacey, Miss (22s.)—A. F. Lacey and Mrs. Lacey | 20 |
| Mary, Sister (81s.)—Miss E. L. Sharpe ... ... | 22 |
| Pagan, Miss—Miss Pizzie (Collection) ... ... | 40 |
| Pearse, Nurse L. (16s.)—Miss Hunter, 32½; Collected by Nurse Pearse, 27½ ... ... ... | 60 |
| Queen, Sister (237½s.)—Mrs. Sharpe, 40 ... ... | 40 |
| Robinson, Mrs. Gerald—Collection ... ... | 213 |
| Tuck, Rev. E. H.—"House-to-House Card" ... | 6 |
| Upham, Dr. C. H.—"Taieri" ... ... ... | 45 |
| | 65,445½ |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 21½ |
| Total (up to 4th inst.) | 65,467 |

NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# Dental News.

We have received one or two spontaneous offers of material for this column; we are very pleased at this, and hope that it is merely the precursor of an awakened interest in the Dental column, and that the time is nearly past when every man leaves every other man to do his share, and each considers his own contribution unnecessary; such, it may be perceived, is hardly a healthy state of affairs and should be changed.

We invite all freshmen to send us notes or news which they consider interesting to our community, and there should surely be no dearth of facts, for we have heard rumours of men just entering who have attended, part time, at local hospitals to gain experience, and some who have acted as surgery assistants, and who surely have acquired knowledge which might be published "pro bono publico."

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On August 8th of this year, the following case attended the Dental Department:—

H.M., a female, æt. 21. Patient had large abscess sac in region at $\underline{|2}$, with sinus communicating, and opening up in neighbourhood of $\underline{|5}$, a copious discharge of pus was taking place, and patient was very anæmic.

*History.*—Patient had had $\underline{|2}$ filled in July, and about a fortnight after this an abscess formed, pointing at 2nd premolar. The pain was so intense that the tooth was extracted by a private practitioner, who then sent patient to hospital for further treatment.

*Treatment.*—At first this consisted of syringing out with carbolic (1 in 80), and packing with iodoform gauze, but no improvement was observed. Ethyl chloride was then applied locally, and the sac opened up and thoroughly scraped with a Volkmann's spoon; in addition, the sinus was enlarged at either end. The cavity was then swabbed out with pure carbolic acid to remove any remaining epithelium, and a drain of cyanide gauze was inserted, which was renewed daily in gradually diminishing size.

The teeth were examined, and $\underline{|3, 4, 5}$ were found to be dead, no doubt on account of the sinus tract, laden with septic matter. They were opened up and the roots filled with paraform and osteo.

On Sept. 4th the patient was seen finally, the discharge having quite ceased, and the wound almost healed.

Another case, which is somewhat out of the ordinary, is that of H. E., male, æt. 22. Seen on July 15th, the patient said that while engaging in a game of cricket the previous day, the ball struck him in the mouth. On examination, the upper left, central, lateral and canine were found to be much displaced and quite loose, the gum being greatly lacerated and contused.

After thoroughly cleansing, the teeth were gently pressed into position and ligatured together with iron wire, using figure of eight twists.

An impression was then taken, and a small vulcanite splint made, capping the injured teeth, and also the two adjoining teeth on each side, a carbolic wash was prescribed, and the patient seen thrice weekly.

When the teeth had become fairly tight, they were tested to ascertain whether the pulps had died. Contrary to expectation, only $\underline{|1}$ was dead, and this may be accounted for by the fact that, while $\underline{|2}$ and $\underline{3}$ were knocked inwards, $\underline{|1}$ was driven upwards.

On Sept. 15th, the patient discontinued the splint, and the teeth are much firmer and the gums healed. The wire ligature which has been in situ since middle of July, will be removed in November.

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There will be a Clinical Dental Lecture by Mr. Wynne Rouw, on "Securing Impressions of the Mouth," held in the Physics Theatre, at 12 o'clock, on Friday, October 20th.

# Scholarships.

## Guy's Hospital Medical School.

The following Entrance Scholarships and Certificates have been awarded:—

*Senior Science Scholarships for University Students.*—Mr. C. G. Douglas, B.A., Magdalen College, Oxford, £50. Mr. H. G. Chapple, B.A., St. John's College, Cambridge, Certificate.

*Junior Science Scholarships.*—Mr. M. A. E. Duvivier, Guy's Hospital Medical School, £150. Mr. T. D. M. Stout, Guy's Hospital Medical School; Mr. A. Neville Cox, Derby School, equal, £30 each.

*Entrance Scholarships in Arts.*—Mr. H. L. Hopkins, Owen's School, Islington, £100. Mr. A. H. Todd, Sherborne School, £50.

## Guy's Hospital Dental School.

*Entrance Scholarship in Dental Mechanics.*—Mr. E. J. Archer; Mr. W. E. Guilding, equal, £10 each.

# Specialities.

## Cyllin Pastilles.

We have received from the Jeyes' Sanitary Compounds Company, Limited, a sample box of their Cyllin Pastilles which they have just put on the market. Each pastille contains one-tenth minim of pure Cyllin, together with some Liquorice and Balsam of Tolu—the whole forming a pastille which is by no means unpalatable. Cyllin is a modern disinfectant, which is eleven times as strong as 98 per cent. Carbolic Acid in its bactericidal properties, and thirty-three times as strong as Formalin. Compared with Formalin it is fifty-five times as cheap per unit of disinfectant power. We have tried the pastilles on cases of quinsy and follicular tonsillitis, and have found them very satisfactory.

# Tales of Old Guy's.

## II.—"Junkets."

It is possible that to the majority of Guy's men the name that heads this article conveys no meaning, excepting in its culinary interpretation, and recalls no reminiscences. If that be the case, the fact is in itself sufficient apology for this article, which has for its object the brief sketching of the history, so far as Guy's is concerned, of one whose association with our hospital must be regarded as an added title to fame for this institution. If, on the contrary, such be not the case, if the present-day Guy's man, who lives in an age when encyclopædic knowledge can be acquired in sixpenny monthly doses, knows the history of British literature so well that the name Junkets recalls to his mind the personality and the life of one who, in the words of a literary critic, "had he lived and realised the promise of his younger years, would have been the greatest of English poets," then, indeed, my apology must be the want of collated particulars about Keat's medical life and his terms at Guy's.

For this is a tale of John Keats, poet, playwriter and apothecary, the Æsculapian singer, as Dr. Richardson called him, the "Tiny Keats" of his fellow dressers at Guy's, "my Adonais" of Shelley, and the "Junkets"—from the contraction of the initial letters of his name—of his friends Leigh Hunt and Henry Stephens. And it is a tale which concerns only his medical life, which keeps no touch with the period after 1818 or the years antecedent to 1814. With that part of the story I shall presuppose familiarity on the part of the reader, if not intimate acquaintance with the details of the poet's life, then at least sufficient to recollect the main incidents, such as, for instance, that Keats was born, the son of a stable keeper, in October of the year 1795—the exact date being still a matter of controversy, though most authorities incline to fix it as being the 29th October; that he was a seven months' child, with what our ward clerks might call "a constitutional tendency towards consumption" in his family, and that at the time of his mother's death he was left in possession of a legacy of some £2,000, and under the care of an excellent guardian, a Mr. Abbey.

Medically considered, the history of Keats begins with his indenture to an Edmonton surgeon "of good repute," with whom he stayed a couple of years. We know that at that time he had already formed an acquaintance with Cowden Clarke, to whom he owed his introduction to the Elizabethan poets and afterwards to the literary set in London, where he met Haydon, Shelley, and Hunt. There is little to be gathered about his life at Edmonton, except what Clarke, in his interesting article in the "Gentleman's Magazine," has left on record. We know, however, that his articles — for which he had paid £210—were cancelled by mutual consent. Students still speculate as to the precise circumstances which led to this cancellation, and Forman has attempted to find, in the phrase "It was not this same hand that clenched itself against Matthews,"—an expression which occurs in one of the poet's letters to Reynolds,—a justification for the statement that surgeon Matthews and his young apprentice parted in anger. In those days the life of a doctor's apprentice was not a bed of roses, and it is highly probable that Keats, sensitive and impulsive as he was, regarded his apprenticeship in an unkindly light. The literary student will at once think of George Crabbe, who was also bound apprentice to a surgeon in his boyhood, and in that capacity was forced to sleep in a barn and run errands for his master, from whom it appears he learned little medicine and less anatomy. Dr. Richardson, in the often-quoted article in that mine of medical lore, the old "Asclepiad," indeed assumes that it was that period of apprenticeship which gave Keats his distaste for medicine and for the profession, and speculates in an enthusiastic, though somewhat unwarranted, fashion on the possibilities which might have resulted had surgeon Matthews treated his pupil with greater care.

After leaving Edmonton, Keats stayed with his friend Clarke for some time, reading Browne and Burton (drawing from the latter the ideas for "Lamia" and "La Belle Dame sans Merci") and finally came up to London. He wrote regularly to Clarke, and his first letter, undated, is a mere note to tell his friend his address. "Although the Borough is a beastly place in dirt, turnings and windings, yet No. 8, Dean Street, is not difficult to find," he writes. There at No. 8 he lived for some six months, entering at Guy's as a surgical pupil. In his second term at Guy's he was introduced (it appears by Sir Astley Cooper) to two senior students, one of whom was George Cooper, afterwards demonstrator of anatomy at St. Thomas's, with whom he went to share rooms in St. Thomas's Street, at the house of a tallow chandler named Markham. When his companions left the hospital, a few months later, he shared rooms in the same house with two students of his own year, George Wilson Mackereth and Henry Stephens. The latter has left some interesting reminiscences of that time. Himself a poet, Stephens was at the time engaged in writing a tragedy, and he must have found Keats a congenial companion. He remarks that "Little Keats" was fairly popular, but was often teased on his pride, his poetry, and even on his birth. It seems that the three friends spent several evenings in literary readings, at which they were joined by two students from Barts. At these they discussed literary matters, and Stephens has noted that they paid great attention to Keats' opinions, which were generally diametrically opposed to theirs. Here, too, the poet's brothers frequently visited him, and were highly indignant that his fellow students should make fun of him, since they regarded his poetry as the first flights of genius. In the summer of 1816 Stephens left, and Keats went to live with his brothers in Poultry in a passage leading to the Queen's Head Tavern, a residence which, in the following year, he changed for lodgings at 76, Cheapside.

It is this period, 1814–1817, that particularly concerns us, and unfortunately the accounts which we have of him during that time are meagre in the extreme. We can, however, make up the deficiency with what we know from other indirect sources, and these tell us much that is of interest. We know that he attended Mr. Green's anatomy lectures diligently, for he kept a note-book (now in the possession of Sir Charles Dilke) of which one of his biographers has given an interesting account. "I have before me," says Mr. Colvin, in the concise little life of the poet in Mr. Morley's "Great Writers" series, "the M.S. book in which he took down his own notes of a course, or at least the beginning of a course, of lectures on anatomy, and they are not those of a lax and inaccurate student. The only signs of a wandering mind occur on the margins of one or two pages, in the shape of flowers (rather prettily touched), but the notes themselves are both full and close so far as they go. Poetry had, indeed, become Keats' chief interest, but it is clear at the same time that he attended the hospital and did his work regularly, acquiring a fairly solid knowledge, both theoretical and practical, of the rudiments of surgical and medical sciences, and he was always able to speak of such subjects with a certain amount of mastery." Keats himself, writing to his friend Clarke, tells us how little he relished these lectures at times. "The other day, during the lecture, there came a sunbeam into the room, and with it a whole troop of creatures floating in the ray, and I was off with them to Oberon and fairy land." It is a mind wandering, with which first year men will heartily sympathise, and the sympathy will be more general when one takes into consideration how different anatomy lectures were in those days. Each lecture occupied an hour and a half, during which time Mr. Green contrived to "run through" all the bones, "referring to a red pocket-book when he was at a loss," as a contemporary says, and at the end of which another demonstrator took up the "muscles of the face" and rapidly discoursed on their relations and attachments. There was a large amount of tedious repetition, the lecturer repeating each statement thrice —a custom which must have interfered seriously with the originality of his remarks and the attention of the class. We have no certain knowledge of Keats' dissections, but it is probable that he did a fair amount of work in the dead-house, for we learn from the minute book of the Society of Apothecaries that he was admitted after passing his examination on the 26th of July, 1816, and we know, from various sources, that he passed with credit. That in itself does not prove that he knew much. South, who came to Guy's a few years afterwards, has left on record an account of the examination in those days, and from it one can easily see that the standard was not high. At that time there were three examiners, Brande, who examined Keats, George Johnson of Guy's, and Tommy Wheeler, also of this Hospital. Johnson was the secretary of the now defunct "Physical Society,"* "a little vulgar person of blunt manners, not refined in his use of words, and having an inveterate habit of making the letter v supply the place of w, and vice versa." It does not appear that he knew much anatomy himself. After his appointment he came to attend Green's classes, sitting alongside the students he had to examine to brush up his anatomy, and there is a story that in a viva voce he requested a candidate to point out the lobulus Spigelii *of the lung*. Wheeler, the other examiner, was a keen botanist who counselled every candidate, as a preliminary to examination, to learn botany and read a chapter of the Greek testament. South himself was examined by Sir William Blizzard and Sir Everard Home, and his account of his viva throws an interesting sidelight on the manners of examiners in those days. "'Well, sir,' said Sir William, 'what are the regions of the abdomen?' I puzzled and puzzled in vain, and finished by replying, 'I did not know, I had never heard of them.' 'Oh yes, you must,' said Sir William, but I insisted, and said they were not taught at our school. This he would not assent to, and pressed me angrily, when Sir Everard broke in with, 'Pooh, pooh, Sir William, what's the good of asking such foolish questions? They don't teach these things nowadays.'"

It is perhaps interesting to note here the books that Keats was supposed to read, and no doubt diligently perused, in his hospital days. Writing to his friend Teignmouth, in 1818, he refers to them. "Were I to study physic, or rather medicine, again, I feel it would not make the least difference in my poetry; when the mind is in its infancy a bias is in reality a bias, but when we have acquired more strength, a bias becomes no bias. Every department of knowledge we see excellent and calculated to a great whole. I am so convinced of this that I am glad at not having given away my medical books, which I shall look over again to keep alive the little I know thitherwards." An interesting passage, showing as it does that he had taken a broader view of life, and that he still felt a regard for his old studies. Probably amongst the books he mentione—he gives indeed no names—were those most in vogue at Guy's then. There was the "London Dissector," the contemporary Cunningham; Fyfes' "Anatomy," in three octavo volumes; Innes "On Muscles;" Barclay "On Arteries," and Saunders "On the Practice of Physic." Of the larger works there was Cheselden's magnificent "Osteographie," with its beautiful plates, hardly, however, a student's book—and Clarke's "On Diseases of Children."

On the 3rd of March, 1816, Keats was appointed dresser to Mr. Lucas, son of Billy Lucas, of whom we have a vivid contemporary pen picture, in which he is described as "a tall, ungainly awkward man, with stooping shoulders and a shuffling walk, as deaf as a post, not overburdened with brains of any kind, but very good-natured and easy and liked by everyone." At that time "Calomel" Curry and Alexander Marcet were full physicians at the hospital, James Cholmeley and James Laird being assistants, while the aged Dr. Blundell

* Its place has been taken by the Pupil's Physical Society.

was obstetrician. Aston Key and Callaway were already on the staff, and Bell, the comparative anatomist was thinking of his Zoological Journal soon to be started. Amongst Keats' contemporaries one may mention Bright, who was a fellow student (Addison came two years later), Bill Crouch, the resurrectionist, and the official "bug catcher" at £40 a year. It is easy to picture in one's mind the hospital as it was in those old days. Joseph Warner's letter to Gunning and John Howard's report of his visit, and above all the detailed account of South, give us much instructive information. Cornelius ward was there then, and the statue in the front quadrangle, the gates at the entrance and the side wings. The pupils were classed as apprentices and dressers, the rule being that each surgeon had four followers, of which two at least had to be dressers. A certificate was required from each pupil, signed by his former master, to vouch for the sobriety and moral conduct of the pupil. It would be interesting to find if Keats' original certificate still exists, and if so whether Matthews signed it. Each dresser paid £50 per annum, the money being pooled and divided between the surgeons and, for some mysterious reason, the apothecary, though from all accounts the latter functionary never gave the students the least assistance. There was one "take-in dresser," who was lodged and boarded at his own expense and had the right of getting a friend to assist him. "After the weekly 'take-in,'" says South, "the surgeon who took in waited till his patients were warded and then went round to prescribe for them. No history of the case was taken, but the diet was marked on the ticket. All orders were given verbally to the dresser or ward sister. The more industrious dressers kept notes of their own cases, but such were not usually required. The physician, however, acted differently. Each case having been examined the physician dictated the history and symptoms to the dressers in Latin—sometimes not very first-class," as it is related of a choleric member of the staff who bawled out "Faber Londinensis" as the equivalent for every Borough occupation. "The clinical remarks were few, and we generally dreaded asking questions for fear of being snubbed. Each surgeon and his colleague physician went round twice a week, the former at twelve, the latter at one o'clock. The physicians were more punctual than the surgeons, whose pupils, according to their liking of the surgeon of the day, awaited his arrival in the square, some in quiet conversation and not a few in horse-play—which, for no special reason I can make out, has appeared to me, after fifty years' observation, to be a material condition of surgical pupilage. On the surgeon's arrival the fun ceased. He was immediately attended by his dressers, whose dignity was indicated by each carrying a tin plaister box, in shape not unlike a knife box." We learn from the same account that the surgeons provided their own instruments, and usually did the first few dressings after an operation; that the only medicines used on the surgical side was calomel, Dover's powder, and castor oil; and that the surgeon and most of his attendant pupils went round the wards with their hats on. The nucleus of a museum had been started at that time, though no official curator had been appointed and no catalogue was in existence. The specimens do not seem to have been much used by the students, who were, however, assiduous in their attendances at operations and post-mortems.

In this atmosphere John Keats lived for the greater part of a year. We have contemporary accounts of his appearance at that time, and although they vary as to particular details they are yet fairly in unison in the main. A wonderfully mild face, with large grey-brown eyes, a rather pale complexion and a wide mouth, a face which in profile showed clearly-chiselled lines and marked regularity of features. The etching prefixed to the "Letters to Fanny" is probably the best representation of him at that period, although his friend Clarke preferred the larger portrait executed a few months later. He dressed shabbily, carelessly, disregarding appearances as he did opinions, and possessed an amount of moral and physical courage which must have stood him in good stead—a sort of "terrier courage" Stephens calls it. At the same time there is evidence of his exceeding mildness of disposition, a mildness that amounted almost to shyness, especially, as he himself says, in surgical work that required initiative. Writing to Browne he says, "My last operation was the opening of a man's temporal artery. I did it with the utmost nicety, but reflecting on what passed through my mind at the time, my dexterity seemed a miracle, and I never took up the lancet again." When we remember that Astley Cooper broke down when he had to operate on a friend's child, that Larrey wept when he saw his orderly on the operating table, and that South tells us that it took months before he could accustom himself to hear a child cry under the knife "without getting sick at the sound and having to leave the theatre," when we remember that those were the pre-chloroform days and that the operator required a far greater degree of medical courage than he does to-day, we can sympathise with Keats as much as we sympathised with his mind wandering during Mr. Green's anatomy lectures.

While at Guy's, Keats wrote and composed several of his shorter pieces, all of them giving promise of his marvellous development that was to come during the few years immediately preceding his death. That wonderful line—

"Silent upon a peak of Darien,"

was written before he came to the hospital, while the exquisitely finished ballad—

"Oh what can ail thee, knight at arms,
Alone and palely loitering?"

is perhaps the only one of his better known poems that was certainly finished in his hospital days. It is useless, however, to discuss the relative date of his works. Such a discussion, interesting enough to Keats' students, is controversial in character and not much to the point so far as we are at present concerned. He read much, confining his reading chiefly to Elizabethan authors, and glancing besides at classical writers such as Juvenal, Lucretius and his favourite Virgil. Greek he did not

master fully, and he never seems to have been able to read a Greek author with any degree of comfort.

With the latter end of 1817, Keats finally left the hospital, betaking himself to his friend Clarke with whom he spent a couple of months. He then started on a long walking tour, rendered necessary perhaps by his weak state of health consequent on his devoted nursing of his brother Tom who was dying of consumption. Of this tour we have several accounts. We know, for instance, that he went out of his way to call on his old Guy's chum, Henry Stephens, at that time a prosperous country practitioner who had given up playwriting to experiment on the therapeutic use of creosote. To Stephens he confided his determination to quit the medical profession and devote himself definitely to literature. And with this confession we may consider his medical history closed. It is true on three occasions, at various later dates, he refers to his profession, once when he announces his intention—presumably in a joking fashion—to accept a post as surgeon on board an Indiaman, and on two other occasions when he talks bitterly of his literary prospects and solaces himself with the thought that his gallipots—to which, by the way, the Edinburgh reviewers were strongly advising him to return—might still yield him a livelihood. Taking all these references into consideration, I think one is forced to the conclusion that after his confession to Stephens he never seriously thought of reverting to his old profession. He had passed out of Guy's and on to the greater stage of the world, to flash like a bright meteor across the literary heavens, and sink, in the brilliance of all his youthful promise, into a consumptives grave four years later. It is perhaps permissible at this stage of the tale, its conclusion, to ask the question which naturally occurs to every Keats lover, namely, "In how far did Guy's hospital and the years he spent here, influence the poet?" Or, in other words, how did his medical career stand amidst the multitudinous other influences that reacted upon him? I have tried to answer this question to my own satisfaction, but I must confess that the conclusions have not satisfied me. A wide and extended search through his works and letters has revealed no passage, reference or note that I could accept as even indirect evidence that his medical work has influenced his poetry. In fact no one, from the mere reading of his poems or letters, would ever infer that he had had the remotest acquaintance with sickness or hospital life. Coleridge and Shelley, both morbidly inquisitive into the realm of medicine, have far more direct medical allusions than I have been able to find in Keats' writings. When the latter does touch upon disease it is in the way and after the fashion of a layman. In his poems he hardly ever mentions anything that is directly of interest in this respect. In his letters, however, he has on several occasions referred to his brother's illness, and at these times one is struck with the fact that he uses common and not technical terms, such as "fever" for "pyrexia," "spitting of blood," for "hæmoptysis," the sick headache, soreness, a swelling, and so on. I have particularly attempted to find such passages since, according to Cowden Clarke, Keats was reckoned, in his Guy's days, at least after his exam., as one who knew his work fairly well. "With all his self-styled unfitness for the work," says his friend, "I was informed that at his examination he displayed an amount o acquirement which surprised his fellow students, who had scarcely any other associations with him than that of a cheerful, crotchety rhymester. He once talked with me, on my complaining of a stomach derangement, with remarkable decision of opinion, describing the functions and actions of the organ with the clearness, and I presume technical precision, of an adult practitioner. The stomach, he said, being like a brood of callow nestlings (opening his capacious mouth), yearning and gaping for sustenance, etc." And yet, though one finds no direct allusions to his medical experience, can one honestly doubt that it did not influence him? It may be that he went through his hospital course as a discharge of a duty he owed his guardian, as many of us do, finding in after life that our true vocation lay in another direction, the law, authorship, politics, commerce, but even then his environment must have influenced him, enlarged his purview and broadened his compassion for suffering and strengthened his pity and charity. It seems to me that Dr. Richardson, in the article already quoted, has laid too little stress on this aspect of the question. For my part I prefer to see, in the restraint of that pathetic sonnet, "When I have fears that I may cease to be," in the second stanza of the "Ode to a Nightingale," where he speaks of forgetting—

that thou has ever known
The weariness, the fever and the fret,
Here where men sit and hear each other groan,
Where palsy shakes a few, sad, last grey hairs,
Where youth grows pale and spectre-like and dies,

and in the many other passages that are scattered throughout his poems, direct proof of that result and therefore an indirect testimony to the fact that his sojourn at Guy's enriched his mind and was not without its effect upon his work.

In conclusion, it is perhaps worth while to point out what are the chief sources of our information regarding his earlier years. It is to be regretted that there is no standard life of the poet; what does duty for it is Forman's valuable edition of the letters in four volumes—a mine of information to which a good memoir is prefixed. A fairly good resumé appears in the Dictionary of National Biography, while Colvin's "Life" and Dr. Richardson's article have already been mentioned. A short paper, not very full, appears in the "Hampstead Annual" from the pen of Sir Samuel Wilks. W. M. Rossetti's "Life" contains little about the poet's earlier years, and Masson's essay is more a critical study than a biography. Amongst the rarer books that can be consulted one would place M. Gothein's excellent "Leben und Werke" easily first. Lord Haughton's "Remains" are valuable, and for a critical study, the essays of James Russell Lowell, and Angellier's "De Joh

Keatsii Vita," while for the particulars concerning contemporary history Feltoe's "Memorials of South," our own "Biographical History," the back numbers of "Macmillan" and the "Gentleman's Magazine" and the old files of the "Daily Post" may be consulted.

To us Guy's men, leading the life that he led, walking the wards that he trod, though under changed conditions and amidst altered surroundings, the history of his sojourn at this hospital must necessarily be of interest. We have no monument to remember him by except the collected edition of his works which is available to all of us. Let us trust that in the near future his portrait or bust will figure within our gates, and in the meantime reflect that, whether it does or does not,

till the Future dares
Forget the Past, his fate and name shall be
An echo and a light unto eternity.

## Nursing News.

Matron's Office.

We are sure that the members of the Nursing Staff will hear with much regret that Sister Addison (Miss Godby) has been obliged to send in her resignation on account of ill-health. Miss Godby entered the hospital as a Lady Pupil in 1887, and has been Sister-in-Charge of Dorcas, Lydia, Charity, and Addison wards. Miss Godby has worked very hard in the interests of the hospital, and we hope that the enforced rest will soon restore her to her usual health and strength.

Sister Eleanor (Miss B. E. Wise), who has been acting as one of the Instructresses in the Preliminary Training School, has been appointed Sister of Cornelius ward, and Miss Edith Lear, who completed her training in July last, has been appointed Junior Instructress in the Preliminary Training School.

Miss Finnemore, who has been acting as Sister-in-Charge of Martha ward, has left the hospital to take charge of a nursing home at Croydon.

On August 17th, Nurse F. Evans left the hospital on completion of her three years' training, and Probationer Rogers was appointed to succeed her as Head Nurse in Martha ward.

On August 17th, Nurse Bevan was transferred to Cornelius ward, and Probationer Parkins appointed to succeed her as Head Nurse in the Isolation wards.

Nurse Denton, who completed her three years' training in January last, left the hospital on August 22nd, and Probationer Whitefoord was appointed to succeed her as Head Nurse in Miriam ward.

Probationer Joyce was appointed to succeed Nurse Oliver as Head Nurse in Stephen ward on September 5th.

Nurse A. Powell left the hospital on September 9th, on completion of her three years' training, to take up private nursing on her own account.

Nurse M. Adams left the hospital on September 18th, on completion of her three years' training, to take up her duties on the Private Nursing Staff, and Probationer Munson was appointed to succeed her as Head Nurse in Addison ward.

Nurse Spicer left the hospital on completion of her three years' training on September 22nd, and Probationer Richardson was appointed to succeed her as Head Nurse in Bright ward.

Nurse Danson, who completed her training in August last, left the hospital on September 23rd.

The Nursing Staff may be interested to hear that the Matron has received a letter from the Hon. Secretary of the Colonial Nursing Association, from which the following is an extract:—"The Principal Medical Officer writes, 'The Kandy Sisters, led by Miss Fricker, are a great success, and this is due to Miss Fricker. We could not have obtained a better Matron in any respect. The difference she has made in the Nursing at Kandy is marvellous.' Sir Allan Perry is trying to get money for a fourth Sister at Kandy, and is particularly anxious that if he succeeds, she should be trained at Guy's." Miss Ada Fricker, who was the Senior Sister in the Preliminary Training School, left for Kandy in March last, taking out with her Nurse Wilkinson; and Nurse Corder, who had been working at Colombo, joined them on their arrival. We are very glad to hear that our Nurses are so much appreciated in Kandy, for we know that both the Matron and Sisters have had to work very hard and under great difficulties to get things into working order.

## Appointments.

### Civil.

Brodrick, C. C., L.R.C.P., L.R.C.S. Edin., has been re-appointed Medical Officer of Health for the Tavistock Rural and Urban Districts, Devon.

Evans, R. D., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Medical Officer of Health of the Llandilo (Carmarthenshire) Urban District.

Fisher, Theodore, M.D. Lond., M.R.C.P. Lond., M.R.C.S. Eng., has been appointed Pathologist at the North-Eastern Hospital, London.

Hopkins, C. L., M.B., B.C. Cantab, has been appointed Medical Superintendent of the York City Asylum, York.

Hosking, J. E. F., M.R.C.S. Eng., L.R.C.P., has been appointed Government Medical Officer and Vaccinator at Deniliquin, N.S.W., *vice* Dr. E. A. Graham, resigned.

Lewis, W. Collins, M.R.C.S. Eng., L.R.C.P. Lond., has been appointed Medical Officer of Health for the Borough of Denbigh.

### Naval.

Staff-Surgeon F. Davidson Lumley, R.N., has been appointed to the *President* for a course of study at the West London Hospital.

Surgeon R. W. Basil Hall, R.N., has been posted for duty to the Royal Naval Hospital at Haslar, Gosport.

# Sport.

## Football Fixtures, 1905-6.

RUGBY—1st Fifteen.

| | | | |
|---|---|---|---|
| Sept. | 30. | Trial Game ... ... ... ... | Home. |
| Oct. | 4. | Trial Game ... ... ... ... | Home. |
| | 7. | Lennox ... ... ... ... | Away. |
| | 14. | Catford ... ... ... ... | Away. |
| | 18. | Cambridge University ... ... | Home. |
| | 21. | Rosslyn Park ... ... ... | Away. |
| | 28. | Royal Engineers ... ... ... | Home. |
| Nov. | 4. | Rosslyn Park ... ... ... | Home. |
| | 11. | Streatham ... ... ... ... | Home. |
| | 18. | Old Merchant Taylors ... ... | Away. |
| | 25. | London Irish ... ... ... | Away. |
| Dec. | 2. | United Services ... ... ... | Away. |
| | 9. | Northampton ... ... ... | Away. |
| | 16. | U.C.S. Old Boys ... ... ... | Home. |
| | 30. | Old Leysians ... ... ... | Home. |
| Jan. | 6. | Catford Bridge ... ... ... | Home. |
| | 13. | Blackheath ... ... ... ... | Away. |
| | 20. | London Welsh ... ... ... | Away. |
| | 27. | R.I.E.C. ... ... .. ... | Home. |
| | 31. | Oxford University ... ... ... | Away. |
| | 31. | Surrey v. Eastern Counties ... | Home. |
| Feb. | 3. | U.C.S. Old Boys ... ... ... | Home. |
| | 10. | Lennox ... ... ... ... | Home. |
| | 18. | Racing C. of Paris ... ... ... | Away. |
| | 24. | Old Alleynians ... ... ... | Home. |

ASSOCIATION.—1st Eleven.

| | | | |
|---|---|---|---|
| Oct. | 4. | Trial Game ... ... ... ... | Home. |
| | 7. | Trial Game ... ... ... ... | Home. |
| | 14. | Guildford ... ... ... ... | Away. |
| | 18. | R. M. A. ... ... ... ... | Away. |
| | 21. | Surbiton Hill ... ... ... | Home. |
| | 28. | Old Citizens ... ... ... ... | Home. |
| Nov. | 1. | Hastings ... ... ... ... | Away. |
| | 4. | R.I.E.C. ... ... ... ... | Away. |
| | 11. | Clapham Rovers ... ... ... | Home. |
| | 15. | Casuals ... ... ... ... | Home. |
| | 18. | Old Westminsters ... ... ... | Home. |
| | 25. | Old Cranleighans ... ... ... | Home. |
| Dec. | 2. | Beckenham ... ... ... ... | Home. |
| | 9. | Reigate Priory ... ... ... | Away. |
| | 16. | New Crusaders ... ... ... | Away. |
| | 21. | South Eastern College ... ... | Home. |
| Jan. | 6. | Beckenham ... ... ... ... | Away. |
| | 15. | H.A.C. ... ... ... ... | Away. |
| | 20. | Old Reptonians ... ... ... | Home. |
| | 24. | Casuals ... ... ... ... | Home. |
| | 27. | Lancing Old Boys ... ... ... | Home. |
| Feb. | 3. | Royal Engineers ... ... ... | Away. |
| | 10. | Alleyn ... ... ... ... | Away. |
| | 17. | Old J'nians, Leatherhead ... ... | Home. |
| | 21. | Emeriti ... ... ... ... | Home. |
| | 24. | Wellingborough Grammar School | Away. |
| Mar. | 3. | Surbiton Hill ... ... ... | Away. |
| | 10. | | |

# Change of Address.

Fleet Surgeon Robley H. J. Browne, R.N., from H.M.S. *Albion*, China Station, to H.M.S. *Albion*, Channel Fleet.

Mr. Albert B. Cocker, L.D.S., from Guy's Hospital, to 10, Palmer's Green Villas, Green Lanes, Palmer's Green, N.

Dr. W. Frank Colclough, from Bainton House, Sherborne, Dorset, to 74, Hough Green, Chester.

Mr. Percy J. Edwards, from Argyll Lodge, Waldegrave Road, to West View, 32, Waldegrave Road, Upper Norwood, S.E.

Dr. Richard Felton, from Guy's Hospital, to Westgate House, Patrington, Hull.

Surgeon R. W. Basil Hall, R.N., from H.M.S. *Bramble*, China Station, to the Royal Naval Hospital at Haslar, Gosport.

Dr. C. L. Hopkins, from the Kent County Asylum, Barming Heath, Maidstone, to the York City Asylum, York.

Surgeon J. H. Jones, R.N., H.M.S. *Pyramus*, Chatham, to H.M.S. *Pyramus*, Australia Station.

Dr. Edward H. May, from 68, Pentonville Road, N., to 39, Oxford Gardens, North Kensington, W.

Mr. Richard Roberts, L.D.S., from 10, Church Road, Tunbridge Wells, to 2, Tub's Hill, Sevenoaks.

Dr. E. W. Routley, from 15, Queen's Mead Road, Shortlands, Kent, to "Winton," Church Lane, Aldershot.

Dr. E. Ivens Spriggs, from 24, St. Thomas's Street, S.E., to 48, Bryanston Street, W.

Dr. H. Stanley-Jones, from Portsdown, The Butts, Brentford, to 6, Abbeville Road, Clapham, S.W.

Dr. R. L. Wason, from 421, Green Lanes, to 2, Burgoyne Road, Harringay, N.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Marriages.

CUFF—NUNN.—On the 23rd inst., at St. Michael's, Bude, Herbert Edmond Cuff, Esq., M.D. Lond., F.R.C.S., fourth son of the late Charles John Cuff, Esq., Binderton, Chichester, Sussex, to Nancy, fifth daughter of Dr. Nunn, Gestingthorpe, Bournemouth.

FELTON—FIELD.—On September 28th, at Stoke Gabriel, South Devonshire, by the Rev. P. H. Bown, Chaplain of Guy's Hospital, assisted by the Rev. J. N. Nevill, Vicar of Stoke Gabriel, Richard, youngest son of John Felton, J.P., of Pyle, South Wales, to Annie Reynolds (Sister Rennie), only daughter of the late Frederick Field, of Hull.

STANLEY-JONES—PHILLIPS-JONES.—On September 12th, at Richmond Hill Congregational Church, Bournemouth, by the Rev. J. D. Jones, M.A., B.D., Herbert Stanley-Jones, M.B. Lond., M.R.C.S., L.R.C.P., of 6, Abbeville Road, Clapham, S.W., to Ella Phillips-Jones, elder daughter of the late Dr. J. A. Jones, of Llanelly, South Wales, and Mrs. Phillips-Jones, of Bournemouth.

## Death.

BIRDWOOD.—On the 25th inst., at Naini Tal, India, of enteric fever, Dora, wife of Major G. T. Birdwood, M.D., Indian Medical Service, and daughter of J. S. C. Davis, Indian Civil Service.

Eds.—F. W. M. P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 453.] OCTOBER 21, 1905. [SIXPENCE.

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## Passim.

IT must be very seldom that the Pupils' Physical Society has opened its programme more auspiciously, or with greater enthusiasm, than was the case on Thursday of last week, and the Society has every reason to congratulate itself upon a remarkable meeting, a meeting with Professor Osler as the guest of the evening, with Dr. Taylor in the chair, and with Sir Samuel Wilks, the President of the Society, present to stand sponsor for the whole. The burst of cheering with which Sir Samuel Wilks was greeted when, followed by Mr. Symonds, he entered the room, showed the appreciation by the Society of the great effort which he had made to be present to welcome their guest. By the kindness of Professor Osler we are able to print in this number the text of his address, an address which was followed throughout with the greatest interest and attention. At its conclusion, Dr. Taylor proposed, and Dr. Hale White seconded, a very hearty vote of thanks, both for the honour which he had done the Society in delivering the address, and for the gift of a valuable edition of Sir Thomas Browne's works, which he had that evening made to the Hospital Library. The edition is that edited by Simon Wilkin, dated 1846, and printed by Henry Bohn, of Covent Garden.

ON the first page of the volumes, Professor Osler has written that he has presented them "In grateful recognition of the benefits he has received from the life and works of Guy's men." In reading Professor Osler's medical writings, one cannot fail to be struck by the frequent references made both to the Guy's Hospital Reports and to the opinions of the teachers of this School, and he has before now made similar acknowledgment of the debt of gratitude which he owes to these sources, has before now confessed, or shall we say boasted, his lineal descent from Addison and Bright, through Wilks and Moxon, into a line collateral with Pye-Smith, Goodhart, and the present staff. Our best thanks are due to Professor Osler for his gift, and we can assure him that we are proud of the relationship.

ON the very day on which appeared our announcement that owing to ill-health Miss

Godby had been forced to resign her post as Sister Addison, came with startling suddenness the sad news of her death. It had been known for some time in the hospital that Sister Addison's health had not been satisfactory, but of danger to life, or even of serious illness, there had been no talk. Her loss is genuinely deplored by all with whom she had come in contact during the twenty years in which she had served the hospital so faithfully and well, and it is all the more distressing that her sudden illness and departure from the hospital prevented many of us from making known to her our sympathy and regret.

We publish to-day a long letter signed "Ole Nigger," in which the writer complains "that no loophole is given for the religious side of Christmas to enter the programme," and that "the day has simply relapsed into the condition of the primitive Roman festival from which the early Christians are said to have borrowed the festival." To remedy this he suggests that the niggers should make merry on Boxing Day and not on Christmas. If this feeling is in any way general in the hospital, among nurses, students or patients, and if there is not strong reason for selecting Christmas Day in preference to any other, we feel sure that the Residents will give the matter careful consideration, and we entirely fail to understand why "Ole Nigger," who presumably is asking for their co-operation, should preface his remarks by the statement that he "anticipates an indignant refusal." He is, however, in the fashion. It is the attitude of mind peculiar to almost all great social and moral reformers. Like certain Greek and Latin Particles they expect the answer, No. For ourselves we are inclined to agree with "Ole Nigger"—at any rate when he says that many men, who are eager to do what they can for the patients' entertainment during the week, would be glad to spend Christmas Day itself at home.

We appeal to some of our readers to forward to us a copy of the words and music of the famous song of the Charity, "Neckinger Nora." It seems that there is some risk of the plaintive ballad falling into disuse and oblivion. To prevent misunderstanding, we may say that we do not propose to publish the song, but to hand it over to the Charities' room, there to be preserved for all time.

Now that the old museum is in course of being demolished, we wish to repeat the request which we made some time ago, that sufficient photographs shall be taken to keep alive its memory and to teach our successors how great relatively were the disadvantages under which we laboured. If this is to be done before the buildings are completely gutted, there is no time to be lost. Upon the narrow boards of the old theatre, too, which have done duty as desks, there are carved a great number of names, most of them perhaps undistinguished, but all of them of interest, at least to their owners, and placed there by them in the well-founded hope of perpetuity. Would it not be possible to preserve upon the walls of the new theatre these relics of the old? At any rate, they are narrow enough to occupy but little room. After the complete removal of the old museum it will be interesting to see what sort of an approach can be made to the Wills Library and Gordon Museum. The present footpath, along which one sidles, under the lee of the buildings, does not seem in any way sufficient.

In the September number of the *St. Bartholomew's Hospital Journal*, we read, and were duly amused by, a short article entitled "The Keen Man." In it was described a type of student, apparently known at Bart.'s, and not altogether a rarity at Guy's, "who feareth not the scowls of the clerks, but burroweth himself ever into

the foremost rank, whence he cocketh his head at the physician, saying, 'yea, yea, verily it is presystolic'; of the surgeon, too, he asketh intelligent questions, while yet already he knoweth the answers." But note how hard is the way of the hospital humorist. In the following number there appeared a letter, at least equal in length to the original article, complaining "that the tendency of such writing is to drive to other schools the very men whom it should be our aim to encourage in every way to enter our own ancient foundation; for of such painstaking material prize-winners are made," and ending with the expression of the writer's hope that the above article has slipped in by some inadvertence of the censor, and that such grievous slips may not occur in the future. To us and to our censor it has served as a solemn warning.

It will be of interest to many of us to learn that E. Lloyd, who passed the M.B., B.C. examination at Cambridge last May, and who, while at Guy's, was secretary of the Nurses' and Students' Missionary Association, left London on Tuesday, October 17th, as one of the pioneer party going out under the Church Missionary Society to the Central Sudan. The party is being sent out by the Church Missionary Society in response to the appeal for missionaries, made originally by General Gordon and repeated last year, both by Lord Cromer and the Sirdar. The expedition, which is taking provisions for one year, is to make as directly as possible for Mongalla, a "station" well south of Fashoda, and will be surrounded by a savage population, many of whom are cannibal. We wish Lloyd all success in his venturesome expedition and a safe return.

On Wednesday last, after a somewhat scrambling game, Guy's defeated Cambridge by 10 points to 6, 2 goals to 2 tries. The Guy's forwards, who at the opening looked like being badly beaten, after the first ten minutes played a fine game, holding up well in the scrum against a heavier pack, and being quite their equal in the loose. Neither set of halves succeeded in really opening up the game, but Guy's owed their success largely to the fine play of Digby and Stringer at three-quarter. Morgan unfortunately had few opportunities. The Cambridge three-quarters were individually dangerous, but showed poor combination, while their halves were singularly ineffective. We heartily congratulate the team on their success. After the match the University were entertained to dinner in the College Hall.

Dated Philip Ward, Christmas, 1885, and entitled, with a modesty which at once disarms criticism, "Cerebral Lesions," there has come into our hands a volume of verse, the authorship of which we have been at great pains to discover and failed. At any rate, he knew the Staff well and had a knack in paying compliments.

Now Muse! waft forth an anæsthetic gale,
And twine the tender trephine in thy hair.
Oh! now ye microbes and ye germs beware!
Chirurgeons come, clad in carbolic mail;
Look how their spray floats out upon the air!
Stay not, ye sweet bacilli, to be charmed—
All are in awful antiseptics armed!

Esteemed as surgeons, still more prized as man,
Regret replaces Symonds in our clan;
Combining the great gifts of countries two,
The Charters of the old world and the new!

Fame next a glorious straightened trumpet blows,
Singing the praise of Jacobson, and shews
His ways, his words, magnanimous as brief—
A classic Surgeon and a generous chief.
A friend to study, and a foe to cram—
Combined autocracy and epigram!

And next, if he will pardon but one word,
Blow welcome to Promethean Golding-Bird!
An earnest now we give for future days
Of constant welcome, to secure his praise.

Now, traversing our orbit, comes to view,
A man of "kidney" and of culture too!
Lightly he takes whate'er he lights upon—
A Lucas—"*a lucendo*," not "*a non*"!
Sailing around, like some bold buccaneer,
He just picks up a treasure here and there;
About his *lumen* all his dressers fight,
Each an extravasated "*Lucasite*."

# The Opsonic Power of Blood.

A LECTURE BY DR. BEDDARD.
July 19th, 1905.

GENTLEMEN,—The subject of my lecture to-day is the opsonic power of blood. I have been told by students on several occasions lately that they had never heard of the question, and, if the subject were merely of theoretical interest, I should not trouble you with it now. But it seems likely that you will hear a good deal of the subject in the medicine of the near future, for, as a matter of fact, certain modern methods of treatment are only possible when regulated by observations on the opsonic power of the patient's blood. I can attempt only a very brief outline, just enough, I hope, to enable you to understand something of the work which is being done and its bearing on practical medicine.

It is necessary to remind you briefly of certain well-known facts about immunity. The defence of the organism against an invasion of bacteria is developed along two main lines. (1) The production of antitoxin to neutralise chemically the bacterial toxin. This question does not concern us further to-day. But it is clear that even a successful neutralisation of the bacterial toxins would not put an end to an infection. In order to do this, the bacteria which have already obtained a foothold in the tissues must be killed off and destroyed. And this is brought about by (2) the process of bacteriolysis. The greater the immunity of the animal the more wholly does bacteriolysis take place intracellularly, *i.e.*, within the phagocytic white blood corpuscles, and is therefore connected with the phenomenon of phagocytosis. The mere juxtaposition, however, of a phagocyte and a bacterium does not ensure phagocytosis; a third factor is necessary, namely, a substance which shall first combine with the bacterium and make it edible to the phagocyte. Such substances are called opsonins; the name is derived from opsono—I prepare a feast for.

Wright has developed a method of estimating the opsonins in blood or other body fluid. The method consists essentially in mixing together the three factors necessary to produce phagocytosis, and of observing the degree of phagocytosis which takes place. For this purpose equal volumes of the patient's freshly-drawn blood serum, which will contain the opsonins, of blood corpuscles freed from opsonins, etc., by washing, and of an emulsion of tubercle bacilli are mixed in a capillary tube and placed in an incubator at body temperature for about twenty minutes. Films of the mixture are made and stained for tubercle bacilli. The average number of bacilli taken up by each phagocyte is determined, and this figure gives the phagocytic index of the patient's blood. It is found that the phagocytic index is independent of the source of the phagocytes. In other words, this figure is a measure of the quantity of opsonin present, and variations in the index will represent differences in the quantity of opsonin present, and not variations in the activity of the phagocytes apart from opsonin. It is necessary to have some standard with which to compare the phagocytic index of different patients and of the same patient at different times. The standard used is the phagocytic index of a healthy person, for it is found that this value is the same and constant in all healthy people. Taking the phagocytic index of healthy blood serum as unity, the ratio of the patient's serum to this will give a figure which may be greatly below or above unity, and which is called the opsonic index of the patient's blood. We thus see that the opsonic index represents the opsonic power or quantity of opsonin present in a given serum, as compared with that in a healthy person. We further see that the method enables us to measure quantitatively one of the factors concerned in immunity against tubercle or any other bacterium, and we may therefore use the opsonic index as a measure of a patient's immunity as compared with that of a healthy person. The only drawback to the method is the length of time it takes, a single determination extending over the best part of three or four hours.

From what has been said it is clear that opsonins pre-exist in serum before an infection takes place, that they vary in quantity in the body fluids of people with different degrees of immunity, and, as we shall see, in different parts of the same patient's body. The next point we must deal with is the important and practical one that the opsonic index of serum, and therefore the patient's immunity, may be altered by appropriate treatment. In this question of treatment the essential point to grasp is this, that one and the same treatment both reduces and increases the opsonic index, and that the first effect of treatment is to reduce the patient's opsonic index—that is, it reduces his immunity or increases his susceptibility. This fact is well shown in the treatment of tuberculous patients with tuberculin, which may be looked upon as a preparation of the toxins of the tubercle bacillus. Koch introduced the treatment some

years ago with the object of increasing the immunity of tuberculous patients artificially by repeated injections of tuberculin. The results obtained did not fulfil expectations; some were undoubtedly good, but some were bad, and the treatment fell into disrepute. There can be little doubt, however, that this neglect of the treatment has been a great mistake. The treatment is scientifically sound, and all that is required to make it a success is some indication of how often the injections are to be repeated, and at what intervals. This has now been supplied by Wright. He showed that the first effect of an injection of tuberculin is to reduce the opsonic index. This negative phase of decreased immunity lasts ten or more days, and is then followed by a positive phase of increased immunity, which reaches a level higher than that possessed by the patient before the injection. If, now, a second injection is given, the opsonic index shows again a negative phase, followed by a positive phase, which reaches a still higher level. By giving repeated injections at appropriate intervals, it is possible to increase the opsonic index of a patient's blood to about three times that of a normal person, but beyond that limit it is impossible to go. If, on the other hand, a second injection is given at any point during the negative phase of the first, the opsonic index undergoes a still further fall, and in this way, by repeating injections at too frequent intervals, it is possible to drive down the opsonic index and make the patient more susceptible to tubercle than if he had been left untreated. There can be little doubt that this is the explanation of the unfavourable results obtained in the early days of tuberculin treatment. For the purpose of treatment, Koch's new tuberculin (T.R.) is now generally used.

In this connection it is necessary to say a word about the use of tuberculin for diagnostic purposes. For this purpose the old tuberculin is generally used, and Koch advised that it should be used in the following way:—A first injection of from 0·1 to 1·0 mg., according to the age and strength of the individual, is given. If no reaction follows in about twelve hours' time, a second injection of double the quantity first given is injected on the third day. If no effect is produced by the small doses, an injection of 5 to 10 mg. may be given. If, however, the first injection is followed by a very slight reaction, such as a rise of half a degree, the same dose should be injected again at the end of three days. This is often followed by a much greater rise in temperature. But if the reaction is still uncertain, larger doses at the same intervals may be used. There can be no doubt that tuberculin injections are a valuable means of diagnosing tuberculosis in non-febrile cases, and that the margin of error is not greater than ten per cent.; but it is also clear that a series of injections given at such short intervals as three days will certainly reduce the opsonic index of the patient's blood, and if he happens to be tuberculous he will be rendered temporarily more susceptible to tubercle. Whether this temporary increase in susceptibility is even sufficient to light up latent tubercle or to aggravate the active disease is uncertain. But the moral would seem to be that if tuberculin injections at short intervals are given they should be as few in number as possible.

The next point I wish to deal with is the fact that patients suffering from tuberculosis may have an opsonic index above as well as below unity. At first sight this seems a surprising fact; for it would seem *a priori* likely that anyone possessing more opsonin than a healthy person would be relatively immune and could not be suffering from the disease; and we might have expected that all patients suffering from tuberculosis would have had an index below unity. But the explanation of this fact is simple and important. A patient with tubercle in some part of his body will constantly be receiving small doses of tuberculin manufactured in his own tissues; consequently his index, instead of being constant, like that of a healthy person, shows frequent spontaneous negative and positive phases. In passing, it may be pointed out that the want of constancy in a patient's opsonic index is of diagnostic importance. But, to return to the patient who is absorbing tuberculin, we should expect that, if his machinery of immunisation is good, and he is capable of giving an active response to the stimulus of infection, as shown by his positive phases, his index would be spontaneously raised above unity, just as it may be as the result of tuberculin injections. In fact, we have to account not for the cases with an index above unity, but for those whose index is below that level. Wright believes that a low index means one of two things; either that the patient has an inherent deficiency of immunising machinery, and is therefore a person inherently susceptible to tubercle, or that the machinery has become exhausted. In any given case of a low index, it is, of course, a matter of opinion to which of these two causes the low index is due, but it is often possible, from the nature and history of the case, to form an opinion. For instance, in most surgical cases of tubercle, the index is low, such

as lupus, tuberculous joints, psoas-abscess, etc.; and as in these cases the constitutional symptoms are generally slight, it is probable that the low index is due to the inherent deficiency of immunising machinery. In phthisis the index is very variable. We should expect that a patient suffering from tuberculous disease in such vascular organs as the lungs would absorb tuberculin, and if he had any reactive power in him at all, would in consequence have an index above unity. And this is found to be so in most moderately early cases of phthisis. In other early cases, however, the index is found to be low, and this is probably to be ascribed to an inherent defect of the immunising apparatus, especially as most of these cases give a strong family history of tubercle. On the other hand, most advanced cases of phthisis with pronounced constitutional symptoms have a low index, and this may be safely ascribed in most cases to exhaustion of the immunising machinery.

We have now to consider the important point whether all cases of tuberculosis are suitable for treatment by tuberculin. And the answer to this is certainly in the negative. Patients suffering from surgical tuberculosis or from early phthisis, who have a low index, are certainly suitable cases. For by this treatment their immunising machinery will be stirred up to greater activity, their opsonic index will be raised and their immunity increased; and by this means we have every reason to believe that the local tuberculous lesion will be improved or cured. When the index is already high, it is at present doubtful how far attempts to further raise the index by artificial injections of tuberculin are of any benefit. On the other hand, when in advanced phthisis the index is already low from exhaustion of the immunising machinery, it is manifestly impossible for further doses of tuberculin to increase the patient's immunity.

There is another reason why cases of advanced phthisis and certain other similar conditions are not amenable to cure by tuberculin injections, even supposing we could thereby raise the opsonic index of their blood. For, in order that the opsonins in the blood may cure the local lesion, it is necessary that they should be able to diffuse from the blood into the tuberculous tissue. Many old tuberculous lesions are, however, separated from the blood by such a thickness of caseous and fibrous material that the opsonins in the blood cannot reach the interior of the tuberculous masses. Thus, Wright has found that in a case of psoas-abscess, whilst the index of the blood was ·6, the interior of the abscess contained no opsonin whatever. The same would probably be true in cases of advanced phthisis.

Tuberculosis is not the only condition which is being treated with success by the injection of bacterial substances guided by observations on the opsonic index. It is obvious that in most acute infective diseases there would not be time for such a line of treatment to be adopted; the patient would be either well or dead before the treatment had had time to produce an effect. But in the more chronic infective diseases it is clearly a suitable line of treatment. For instance, in furunculosis and acne vulgaris it is found possible to vaccinate a patient with dead cultures of his own staphylococcus, and so raise his opsonic index and render him immune against that special micro-organism. In this way the most brilliant and permanent cures are being produced.

I have now to say a word about the relation of opsonic power to non-specific immunity and leucocytosis. You are doubtless well aware that a non-specific immunity may be produced by the injection into animals of substances other than those of bacterial origin. Such substances are nuclein, nucleic acid, yeast, sodium cinnamate, cinnamic acid, etc. Many of these have been used in the treatment of chronic infective diseases, such as furunculosis, phthisis, ulcerative endocarditis, etc., and it has been supposed that they influence the course of the infection by producing a leucocytosis. Nobody doubts that phagocytosis by leucocytes is an important mechanism for putting an end to an infection, and we have already seen that opsonins are, like the leucocytes, essential to the same phenomenon, phagocytosis. The question therefore arises, does the opsonic index of the blood run parallel to the number of leucocytes? For, if it did, it would clearly be much simpler to estimate the number of leucocytes than the opsonic index of a patient's blood. The answer to this question is certainly in the negative. Thus, in phthisis, in spite of the fact that the opsonic index may be above unity, there is, none the less, a leucopenia present. This want of parallelism is even better shown in pneumonia, in which the alterations in the opsonic index, and in the number of leucocytes during the course of the disease, have been studied. During the acute attack in a favourable case, although a leucocytosis appears, the opsonic index remains below normal, but at and after the crisis, while the leucocytosis is disappearing, the opsonic index rises above unity. If, then, the two factors concerned in phagocytosis do not run parallel to each other, we necessarily

ask which of them gives the most reliable information of the degree of the patient's immunity. There can be no doubt that it is the opsonic index which, at present, is the sole method we have of estimating, clinically, a patient's immunity. From what has been already said, it would seem likely that the artificial induction of leucocytosis, apart from increase in the opsonic power of the blood, would not greatly increase immunity. We have, therefore, to inquire what effect these drugs, which have been found to confer a non-specific immunity, have upon the opsonic index of the blood. It has been found that cinnamic acid and sodium cinnamate do not alter the opsonic power of the blood, although they certainly can produce leucocytosis. We are bound, therefore, to conclude that it is unlikely that these two drugs would have much influence on the course of a chronic infection. On the other hand, it has been shown that injections of nuclein or yeast given by the mouth will raise the opsonic power of the blood without at the same time materially altering the number of leucocytes. It would seem likely that in these drugs we have a possible means of influencing infections. The subject is being investigated, but at present it is impossible to say how great an improvement can be produced or what is the best method of administration.

I am well aware that I have been able to give you but an imperfect outline of this subject. Anyone who wishes for further information will find it in the various papers by Wright and Douglas, in the Proceedings of the Royal Society. That the subject will be an important one will seem obvious to anyone who understands anything of it, and that it is of practical importance to-day seems likely, from the fact that one of the large London hospitals have thought it necessary to start a special opsonic department.

# THE HOSPITAL APPEAL.

### Fourteenth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 53,789 | 18 | 6 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 18th inst.) ... ... ... | 32 | 7 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £53,822 | 6 | 0 |

# A Case of Deciduoma Malignum of the Testis.

The following are notes of a case of a testicular tumour which showed the pathological characteristics of what used to be called Deciduoma Malignum, and has more recently been re-named Chorion-Epithelioma by Teacher; neither of these terms are applicable, however, to tumours unconnected with the pregnant uterus; and the term Malignant Embryoma is now generally employed in describing this condition. Owing to the rarity of the condition and the apparent cure effected in this case by operation, I feel justified in recording it.

*History of the case.*—Walter P., æt. 30, a sorter at the G. P. O., married, and having one child, was in his usual good health in August, 1904, when he noticed after some heavy lifting work that his right testicle was swollen; there was not sufficient pain and tenderness to make him cease work, and he only sought medical advice some days later, as the swelling did not decrease. The condition was thought to be one of hæmatocele, and treated with rest and suspension, it subsided somewhat, though the organ never resumed its normal size. In December, 1904, he again sought advice, as it was increasing in size, and causing a good deal of dragging pain; some degree of translucency was noted by the Post Office surgeon, and the tumour was punctured, but no fluid withdrawn, except a few drops of blood. Anti-syphilitic remedies were tried and counter-irritation without effect, and it was decided that an operation should be done.

On May 8th, 1905, patient was admitted into St. John's Hospital, Lewisham, under the care of Mr. Lennard Stokes and, a few days later, was seen by Mr. Lane. The right testicle was about the size of a turkey's egg, elastic and not translucent: testicular sensation was present, and there was no thickening of the cord. Mr. Lane thought the diagnosis lay between a chronic hæmatocele and malignant disease, and operated on May 11th. The testicle was incised and found to be obviously malignant, so castration was performed, and as much of the cord removed as was possible; this showed no signs of infiltration. The patient made an uninterrupted recovery, and when seen on October 4th by Mr. Stokes, was back at work and showed no signs of local recurrence or metastasis.

*The tumour.*—On bisecting the organ it was found to consist almost entirely of pathological tissue, only a very thin layer of flattened testicular tissue being present immediately beneath the tunica albuginea. The tumour was completely enclosed within the tunica albuginea, and was found to consist of innumerable small cysts varying in size from a pea to a bean, smooth-walled, and containing clear yellow fluid. In the centre there was an area of hæmorrhagic necrosis.

*Microscopical examination.*—Mr. Targett kindly examined two sections respectively from the hæmorrhagic and cystic portions of the tumour, and reports as follows.

"Section A.—The tissue is composed of unstriped muscle, fibrous tissue, vessels, etc., and resembles the dartos. It is much infiltrated with a soft growth. This growth is made up of elongated processes of cells, and large masses of fibrin and recent clot. The cells are of two kinds; the majority are rounded and uniform in size, with a very distinct nucleus and finely granular body. Mingled with these, or lying over the surface of the processes, are large irregular plasmodial masses of protoplasm, the nuclei of which are in clumps. These two forms of cells correspond in their general character with those of Langhans' Layer and the syncytium of the fœtal epiblast. For this reason the growth resembles that known as chorion-epithelioma of the uterus.

"Section B.—In this section the growth may be described as a soft carcinoma; the cells are mostly spheroidal in shape, but here and there they are short columnar. There are no plasmodial masses, the cells being all of one type, and though the tissue is degenerating, there are no large extravasations of blood as in the preceding section."

Mr. Targett regards the specimen as a good example of a malignant embryoma of the testis.

*Historical.*—The earliest recorded cases of this tumour, in the literature, are those of Schlagenhaufer in 1902, when he described two cases of tumours of the testis, and remarked the close resemblance between the appearances found in them and that found in chorion-epithelioma of the uterus; his second case showed multiple cysts, similar to those described in my case, which he likened to hydatidiform mole of the chorion. He concluded that this tumour was a teratoma originating from fœtal inclusion.

These tumours are most commonly found in the testicle, but cases are also on record of their appearance on other sites; thus Ritchie has reported a case of embryoma originating in the anterior mediastinum,[1] and Teacher, in his classical paper on chorion-epithelioma,[2] quotes German observers who have recorded cases originating in the ovary and genital track of non-parturient young females, and one case where the primary seat was in the synovial membrane of the knee-joint.

All the cases of malignant embryoma that I have been able to find in the literature have followed a rapidly fatal course with profound metastases in the lungs, liver, etc.

*Pathology.*—As regards the probable origin of these tumours, the theory of fœtal inclusion has most adherents at the present day.

Langhans showed in the early ovum that the developing chorion consisted of an inner layer of cubical cells (Langhans' Layer) and an outer homogeneous layer of multinucleated protoplasm (syncytium). When the ovum becomes embedded in the decidua, the maternal cells undergo a degeneration, and the cells of Laughans' Layer proliferate, constituting what is called the trophoblast, which is the precursor of the chorionic epithelium. Teacher and others regard this trophoblast as the physiological prototype of the tumour named chorion-epithelioma.

When these tumours occur elsewhere than in the pregnant uterus, they are called malignant embryomata, and it is supposed that portions of the trophoblast have become included in the developing ovum, and that this embryonic tissue remains dormant throughout the development of the fœtus and long after the birth of the child, frequently not manifesting itself until adult life, when it generally takes on a very malignant character.

I am indebted to Mr. Lennard Stokes, of Blackheath, and to Mr. Lane for permission to publish this case, and owe my best thanks to Mr. Targett for his report on the microscopical sections of the tumour.

C. H. REINHOLD.

References—(1) Journal of Obstetrics and Gynæcology, 1903.
(2) Obstetrical Society's Transactions, 1904.

# Appointments.

## Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

*Clinical Assistants in Medical Wards.*—Messrs. G. H. K. MacAlister (Dr. Taylor); W. P. Purdom (Dr. Hale White); M. Leckie (Dr. Pitt); E. L. R. Norton (Sir Cooper Perry).

*Clinical Assistants in Surgical Wards.*—Messrs. T. Norman (Mr. Lucas); H. G. Gibson (Mr. Golding-Bird); R. Davies-Colley (Mr. Symonds).

*Ophthalmic Dressers.*—Messrs. G. W. Nicholson, C. F. L. Leipoldt (Mr. Higgens, November 1st); P. S. Mills, A. W. Berry (Mr. Eason, November 1st); E. Alban, H. J. Clarke (Mr. Higgens, December 16th); W. H. S. Burney, I. Valerio (Mr. Eason, December 16th).

*Surgeons' Dressers.*—Messrs. B. K. Nutman, H. J. Henderson, T. E. Ashdown Carr, C. A. L. Mayer, J. N. Watson, B. Wallis (Mr. Lucas); J. T. Smalley, G. W. Dryland, R. J. Reynolds, St. J. A. M. Tolhurst, E. P. H. Joynt, P. P. Laidlaw (Mr. Golding-Bird); E. Wragg, W. P. H. Munden, E. W. Giesen, G. F. Stebbing, C. B. Ticehurst, S. McK. Saunders (Mr. Symonds); S. W. Daw, H. Joste Smith, C. A. Basker, E. B. Hinde, C. H. Marshall, H. F. Joynt (Mr. Lane).

*Obstetric Dressers.*—Messrs. J. S. Bookless, G. Cockcroft, C. M. Ockwell, C. C. A. De Villiers, H. C. Malleson, W. H. Trethowan (November-December).

*Externs.*—A. Zorab, G. F. E. Allison, M. M. Earle, C. W. Greene, C. E. M. Jones (November); A. Shepperd, W. R. Greening, E. H. Paterson, O. G. F. Luhn, S. K. Poole (December); H. W. B. Walling, J. S. Bookless, R. Evans, A. Davidson, A. T. Rivers (January).

## Obituary.

**Elizabeth Godby.**
(Sister Addison.)

The news of Sister Addison's (Miss Elizabeth Godby) comparatively sudden death came as a shock to her friends only a week after her resignation had been made known in the hospital. Miss Godby entered Guy's in 1887, at the age of 27, as a lady pupil. At the end of her training she was appointed Sister of Luke, at that time Mr. Davies-Colley's ward. From there she went to Charity, and in 1901 moved over to the medical side, and was Sister Philip till that ward was changed to Addison. Here she stayed till last August, when she returned from her holiday ill. She was nursed in her own room for two or three weeks, and then went home, in hope that a change of air might give her a better chance of recovery. On Thursday, the 5th of October, she suddenly became much worse, and died at midday on Friday. Her funeral on the 11th was attended by several Sisters and Nurses from the hospital, and beautiful wreaths were sent by many friends, including the Nursing Staff. One was also sent on behalf of Guy's Missionary Union, of which she had been for many years the energetic secretary, and another by the Residents and Students.

Miss Godby was born at Hyderabad, where her father, General Godby, was then stationed, and she had travelled a good deal. She was a great reader, and had an excellent memory for anything she had ever read. Her interest in her ward was untiring, and she was never known to give up any part of her work to other hands; but what mostly characterised her was the deeply religious feeling which made her the upright and honourable woman whom we all respected.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

### Fourteenth List of Collections.

(Received up to Wednesday, October 18th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 65,467 |
| Aikin, Chas. A., F.R.C.S. ... ... ... ... | 100 |
| Beckwith, F. H. (125½s.)—F. A. H. Rumble ... | 5 |
| Brown, Miss M. A. (5s.)—Anonymous ... ... | 3 |
| Donnell, Dr. J. H. (21s.)—Mrs. Rowland Clegg ... | 45 |
| Dorcas, Sister (504½s.)—Henry A. Madge ... ... | 200 |
| Earle, M. M.—Mrs. Nicholls and Mrs. Carrick ... | 30 |
| East, Mrs. Alfred (28s.)—William Fooles ... ... | 2 |
| Evans, Dr. John H. ... ... ... ... ... | 20 |
| Fawcett, Mrs. Walter (5s.)—Collection ... ... | 12 |
| Freer, C. C. (1s.)—T. J. Price ... ... ... | 6 |
| Harper, R. Sydney (31s.)—C. G. Austin ... ... | 2 |
| Heddy, Dr. W. J.—Mrs. Brown, 2; Mrs. Latter, 42 | 44 |
| Johnson, Miss (26s.)—Collection ... ... ... | 16 |
| Joyce, Nurse (31s.)—Miss Price ... ... ... | 5 |
| Knapp, Major G. H.—Miss Seccombe, 20; Major G. H. Knapp, 30 ... ... ... ... ... | 50 |
| Lowdell, Dr. S. P. (23s.)—Miss Blanche Sleap ... | 1 |
| Stevens, Miss C. J. (68s.)—Mrs. Burton, 1; Mrs. Denny, 3 ... ... ... ... ... ... | 4 |
| Stevens, Miss E. (8½s.)—Mrs. Helme ... ... | 1 |
| Taylor, Mrs. Frederick (152s.)—L. M. O., 6½; Miss K. Allen, 10 ... ... ... ... ... | 16½ |
| | 66,029½ |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 85 |
| Total (up to 18th inst.) | 66,114½ |

## Appointments.

### Civil.

McGavin, Lawrie, F.R.C.S. Eng., has been appointed Casualty Surgeon to the Tottenham Hotspur Football and Athletic Company, Ltd.

# The late Dr. Washbourn.

With our next number we shall publish the long-promised portrait of the late Dr. Washbourn.

John Wichenford Washbourn was a man of real ability, remarkably strong character, and an infinite capacity for taking pains. His personality was very strong and, to those who knew him at all well, very lovable. His whole influence was benign—except to the charlatan. For him Washbourn had no toleration at all, and there were times when his benignant face could assume an expression of amused contempt that must have cut like a knife. Those who did not know him very well might have called his strength obstinacy, and indeed he did sometimes show himself intolerant of discussion. But that was when he *knew;* his apparent obstinacy was really knowledge, as many who have disagreed with him at the time have afterwards admitted. His mental attitude was normally that of unbelief, a fact constantly remarked upon by his friends in his student days. When he committed himself to a statement he was generally in the right. His strong point, indeed, was his careful accuracy in experiment, and his logical deductions therefrom. Slow to assert a belief, when he had certified his grounds his belief grew almost aggressive.

It may be that Washbourn was not absolutely a genius, but he came very near to it. His capacity for work was immeasurable. He never wasted time unless it were to do a kindness, and for that he was always ready, as many of our readers will know. He played, when he did play, with as much energy as he worked, but he seldom unbent to the frivolous world, for he was a student before all things. Yet there were occasions on which he could sparkle with wit as few men can; for however serious was the man himself, he was never without that keen sense of humour which saves so much. Few who were present will forget the farewell dinner given to him and Sir Alfred Fripp on their departure for South Africa. The way in which he was toasted showed his popularity; his response showed the man's humorous ability as an after-dinner speaker. Many of the brilliant and even cutting things that he said still live in one's memory. Modest as he was, it indicated what he might have been in another walk of life. But he had no real use for foolery. He was as sound all through as he was generous. His kindnesses were very many and done in a most unobtrusive, matter-of-course way, often at much inconvenience to the doer. A very large number owe gratitude to his memory. Many, indeed, will never forget him; all who met him respected him, and by his early death many have suffered a very real loss.

It was characteristic of Washbourn that he naturally took a prominent place in any company in which he found himself. At the College of Physicians, when he was one of its youngest Fellows, and although he was emphatically a reformer, he soon became a man of mark; and his dry and critical speeches, perhaps in some measure because of their absolutely impersonal character, were always appreciated.

Washbourn matriculated at London from the Gloucester Grammar School, and after doing the Preliminary Scientific work at Guy's, made a distinguished entry for the full course by taking the Open Scholarship in Science. From that time onward his career was a steady winning of nearly every prize that he competed for.

After his student's appointments he spent a year or so at Vienna and Königsberg, beginning, in association with Professor Gruber, those exact researches into the etiology and pathology of pneumonia which were carried on uninterruptedly until his death, and have rendered his name familiar throughout the scientific world. Bacteriology attracted him from the first, and it was as a bacteriologist that he made his name; but his keenly logical mind, quick perception, wonderful tact, and true sympathy, were qualities that made him also a really great physician, and there can be little doubt that had he been spared to us he would have achieved the highest eminence in the profession of medicine. Both in Austria and Germany he made, as was his wont, many friends; for his abilities were appreciated abroad no less than his sterling quality, and his personality was recognised in Continental scientific circles even more quickly, perhaps, than it was in his own country. An accomplished modern scholar, he spoke the Italian, French and German tongues with fluency; and in later days worked hard at bacteriology during his holidays, in both Rome and Paris.

On his return to England he became Demonstrator of Anatomy, and did much for the efficiency of that department. Presently he was made Assistant Physician and joint Lecturer on Physiology, and with Professor Starling he was a prime mover in achieving the new physiological buildings, the beginning of the present school buildings of which Guy's is so justly proud. Under his zealous guidance the new bacteriological laboratory was soon in full swing, and there he did some of his best work, proving, among other things, the value of the antitoxin treatment of diphtheria, which had been viewed on its introduction with so much suspicion.

His public services in elucidating the causation of the Maidstone typhoid epidemic of 1897 are well known, and no better man could have been sent to South Africa in charge of the medical side of the Imperial Yeomanry Hospital. His work there was rewarded by his being gazetted "Consulting Physician to Her Majesty's Army in South Africa," a post created for him; but most of us felt that on his return to England he was deserving of a good deal more than the letters C.M.G. which his grateful country allowed him to suffix to his well-known name. But this did not trouble him. He ever worked for work's sake rather than for reward.

He died within a year after his return of acute tuberculosis—a disease in his case as sudden as unexpected. His death was a serious loss to the profession in general,

and to Guy's Hospital in particular, where he is remembered, and will be yet awhile, with feelings of real admiration and true affection. His personality will not be forgotten by this generation. His work will be remembered much longer. Science owes him something; his hospital very much.*

## LIST OF PAPERS, ETC.,

### By Dr. J. W. WASHBOURN, C.M.G.

Influence of Creolin on the Anthrax Bacillus. Guy's Hospital Reports, 1888.

A case of Leprosy. Trans. Path. Soc., 1889.

Two doubtful cases of Tuberculosis in which the diagnosis was cleared up by inoculation (with W. H. A. Jacobson). Guy's Hospital Reports, 1890.

A case of Glanders. *Ibid.*, 1890.

Abnormalities observed in the Dissecting-room, 1888–1890 (with L. A. Dunn and J. Targett). Ibid., 1890.

Case of Pleurisy caused by the Pneumococcus. Medico-Chir. Trans., 1894.

A series of eighty cases of Diphtheria treated with Diphtheria Antitoxin (with E. W. Goodall and A. H. Card). Clinical Soc. Trans., 1894.

Experiments with the Pneumococcus with especial reference to Immunity. Journ. of Path. and Bact., 1895, and Trans. Path. Soc., 1895.

Some points in connection with the Bacteria of the Mouth (with K. W. Goadby). Trans. Odont. Soc., 1896.

Resistant Forms of the Pneumococcus (with J. W. H. Eyre). Journ. Path. and Bact., 1897.

Antipneumococcic Serum. Brit. Med. Journ., 1897.

Remarks upon the present position of Bacteriology in relation to the Diagnosis of Disease. Clinical Journ., 1897.

A case of Influenza illustrating the importance of a Bacteriological Examination. Ibid., 1897.

A case of Ulcerative Endocarditis successfully treated with Antistreptococcic Serum. Lancet, 1897.

Infective Venereal Tumours in Dogs (with G. B. Smith). Trans. Path. Soc., 1897.

A Clinical Lecture on the Treatment of Diphtheria. Treatment, 1898.

Remarks on Scarlet Fever. Clinical Journ., 1898.

Further Researches on the Pneumococcus (with J. W. H. Eyre). Journ. Path. and Bact., 1898.

Infective Sarcomata in Dogs (with G. B. Smith). Brit. Med. Journ., 1898.

Varieties and Virulence of the Pneumococcus (with J. W. H. Eyre). Lancet, 1899.

Experiments with Pane's Antipneumococcic Serum (with J. W. H. Eyre). Ibid., 1899.

Further Experiments with Pane's Antipneumococcic Serum (with J. W. H. Eyre). Brit. Med. Journ., 1899.

Remarks upon the Bacteriology of Meningitis. British Physician, 1899.

A systematic bacteriological examination of the Fauces in Scarlet Fever (with G. C. Garrett). Brit. Med. Journ., 1899.

Pathology of Infective Endocarditis. Ibid., 1899.

Standardisation of Antipneumococcic Serum (with J. W. H. Eyre). Trans. Path. Soc., 1900.

The Infectivity of Malignant Growths (with G. B. Smith). Edin. Med. Journ., 1900.

The Pathology of Pneumonia and Pneumococcal Infections. Practitioner, 1900.

Bacteriological and clinical diagnosis in relation to some of the Notifiable Infectious Diseases. Journ. of Sanitary Institute, 1900.

Advantages of Bacteriological Diagnosis as instanced by the history of an Outbreak of Diphtheria in a large school (with F. H. Berry). Trans. Epidem. Soc., 1900.

Notes on Dysentery (with O. Richards). Brit. Med. Journ., 1900.

Author of a Manual of Infectious Diseases (with E. W. Goodall), 1896.

Report on the Farleigh Water Supply (with M. A. Adams), 1897.

Articles in Quain's Dictionary of Medicine; Hale White's Text-book of Pharmacology, 1900; Clinical Lectures in Guy's Hospital Gazette, etc.

Posthumous.

Unrecognised Influenza (with J. W. H. Eyre). Brit. Med. Journ., 1902.

A Note on Scarlet Fever arising after Operations on the Throat. Clinical Journ., 1902.

The Natural History and Pathology of Pneumonia—the Cronian Lectures of the Royal College of Physicians for 1902. Edited by J. W. H. Eyre, and delivered by Dr. Hale White. Lancet, 1902.

* An obituary notice of Dr. Washbourn, with further details of his career, appeared in the Guy's Hospital Gazette for July 5th, 1902, p. 281.

# Pass List.

## University of Cambridge, October, 1905.

SANITARY SCIENCE EXAMINATION.

R. Denman.

## University of Durham.

DOCTOR IN MEDICINE.

G. Burton-Brown, J. G. O. H. Lane, A. A. Miller.

MASTER IN SURGERY.

J. G. O. H. Lane.

SECOND EXAMINATION FOR DEGREE OF BACHELOR OF MEDICINE.

E. P. L. Hughes.

# Pupils' Physical Society.

The above society held its first meeting for this session on Thursday, October 12th, and the evening proved most successful.

At the preceding dinner, held at 7 p.m. in the College Dining Hall, and at which 136 sat down, Dr. Taylor was in the chair, he, with Professor Osler and Dr. Hale White, having accepted the invitation of the Presidents of the Pupils' Physical Society to dine with that society. After the toast of the King had been duly honoured, all adjourned to the Physiological Theatre, the seats of which were crowded by an attentive audience, who had overflowed into the gallery above. Among those present were Sir Samuel Wilks, Sir Thomas Stevenson, Dr. Goodhart, Dr. Savage, Dr. Taylor, Dr. Hale White, Mr. Symonds, Mr. Lane, Mr. Targett, several other members of the Staff, and Dr. Groves.

The proceedings were opened by Sir Samuel Wilks, who said that he had made a great effort to be present to welcome Professor Osler, but that as up to the last it had been extremely doubtful whether he would be able to be present, he asked his colleague, Dr. Taylor, to act as Chairman. Dr. Taylor then introduced Professor Osler with a few words, and drew attention to the magnificent collection of Sir Thomas Browne's works, in various editions and languages, which lay on the table, having been brought there by Professor Osler, whose property they were.

Professor Osler, the recently-appointed Regius Professor of Medicine at Oxford, read the paper which we print below, described the books which lay before him, and exhibited on the screen a number of pictures, portraits, title-pages, etc., a few of which we have reproduced. A most interesting paper, it was listened to most attentively, and enthusiastically applauded at its close.

Dr. Taylor proposed a vote of thanks to the lecturer, pointing out that though coming to them from Baltimore and Pennsylvania, Dr. Osler was really an Englishman, as he was born and educated in Canada, spending a few years in London at University College.

The vote of thanks was seconded by Dr. Hale White, and carried unanimously.

Professor Osler, in replying, recalled the names of many old Guy's men, and paid an eloquent tribute to Sir Samuel Wilks, who, he reminded his audience, had written, with Dr. Moxon, a book on Pathology, which was still the best a student of medicine could read.

A vote of thanks to the chairman was proposed by Mr. H. C. Cameron and seconded by Mr. F. W. Morton Palmer, after which the society adjourned to the Library, where light refreshments were served, and to the Physiological Laboratory, where there was the usual exhibition of books, with surgical and dental instruments.

## SIR THOMAS BROWNE.*

As a boy it was my good fortune to come under the influence of a parish priest of the Gilbert White type, who followed the seasons of Nature no less ardently than those of the Church, and whose excursions into science had brought him into contact with physic and physicians. Father Johnson, as his friends loved to call him, founder and Warden of the Trinity College School near Toronto, illustrated that angelical conjunction (to use Cotton Mather's words) of medicine and divinity more common in the sixteenth and seventeenth centuries than in the nineteenth. An earnest student of Sir Thomas Browne, particularly of the *Religio Medici*, he often read to us extracts in illustration of the beauty of the English language, or he would entertain us with some of the author's quaint conceits, such as the man without a navel (Adam), or that woman was the rib and crooked piece of man. The copy which I hold in my hand (J. T. Field's edition of 1862), my companion ever since my schooldays, is the most precious book in my library. I mention these circumstances in extenuation of an enthusiasm which has enabled me to make this almost complete collection of the editions of his works I show you this evening, knowing full well the compassionate feeling with which the bibliomaniac is regarded by his saner colleagues.

### I.—The Man.

The Little Thomas was happy in his entrance upon the stage, October 19th, 1605. Among multiplied acknowledgments, he could lift up one hand to Heaven (as he says) that he was born of honest parents, "that modesty, humility, patience, and veracity lay in the same egg, and came into the world" with him. Of his father, a London merchant, but little is known. There is at Devonshire House a family picture which shows him to have been a man of fine presence, looking not unworthy of the future philosopher, a child of 3 or 4 years, seated on his mother's knee. She married a second time, Sir Thomas Dutton, a man of wealth and position, who gave his stepson every advantage of education and travel. We lack accurate information of the early years—of the school days at Winchester, of his life at Broadgate Hall, now Pembroke College, Oxford, and of the influences which induced him to study medicine. Possibly he got his inspiration from the Regius Professor of Medicine, the elder Clayton, the Master of Broadgate Hall and afterwards of Pembroke College. That he was a distinguished undergraduate is shown in his selection at the end of the first year in residence to deliver an oration at the opening of Pembroke College. Possibly between the years 1626, when he took the B.A., and 1629, when he commenced M.A., he may have been engaged in the study of medicine; but Mr. Charles Williams, of Norwich, who is perhaps more familiar than anyone living with the history of

* We are indebted to the editor of the *British Medical Journal* for the text and illustrations of this address, and also for permission to reproduce the portrait of Sir Thomas Browne which accompanies this issue of the Gazette. It was exhibited by Professor Osler during his address.—[Ed.]

our author, does not think it likely that he began until he went abroad. In these years he could at least have "entered upon the physic line," and could have proceeded to the M.B. He was too early to participate in the revival of science in Oxford, but even after that had occurred Sydenham flung the cruel reproach at his Alma Mater that he would as soon send a man to her to learn shoemaking as practical physic. It was possible, of course, to pick up a little knowledge of medicine from the local practitioners and from the physic garden, together with the lectures of the Regius Professor, who, as far as we know, had not at any rate the awkward failing of his more distinguished son, who could not *look upon blood without fainting, and in consequence* had to hand over his anatomy lectures to a deputy.

Clayton's studies and work would naturally be of a somewhat mixed character, and at that period even many of those whose chief business was theology were interested in natural philosophy, of which medicine formed an important part. Burton refers to an address delivered about this time by Clayton dealing with the mutual relations of mind and body. The *Anatomy of Melancholy*, which appeared in 1621, must have proved a stimulating *bonne bouche* for the Oxford men of the day, and I like to think of the eagerness with which so ardent a student as Browne of Pembroke would have pounced on the second and enlarged edition which appeared in 1624. He may, indeed, have been a friend of Burton, or he may have formed one of a group of undergraduates to watch Democritus Junior leaning over the bridge and laughing at the bargees as they swore at each other. It is stated, I know not with what authority, that Browne practised in Oxford for a time.

After a visit to Ireland with his stepfather he took the grand tour—France, Italy and Holland—spending two years in study. Of his Continental trip our knowledge is very meagre. He went to Montpellier, still famous, but failing, where he probably listened to the teaching of Riviere, whose "Praxis" was for years the leading text-book in Europe—thence to Padua, where he must have heard the celebrated Sanctorius of the Medicina Statica—then on to Leyden, just rising into prominence, where it is said he took his doctor's degree in 1633. Of this, however, there is no certainty. A few years ago I looked through the register of that famous University, but failed to find his name. At the end of two years' travel he may have had cobwebs in his pocket, and the Leyden degree was expensive, as that quaint old contemporary of Browne, the Rev. John Ward of Stratford-on-Avon, tells us (Diary), "Mr. Burnet had a letter out of the Low Counties of the charge of a doctor's degree, which is at Leyden about £16, besides feasting the professors; at Angers in France, not above £9, and feasting not necessary neither." No doubt he got of the best that there was in the teaching of the day, but from the *Religio* one learns that the young Englishman got an extraordinary breadth of culture, and a charity not always granted to travellers in his day. Beneath the shell of nationalism he got into the heart of the people among whom he lived, feeling at home everywhere and in any clime. For a Protestant he got a rare charity expressed so beautifully in the lines: "I can dispense with my hat at the sight of a cross, but scarce with the thought of my Saviour."

He must have made good use of his exceptional opportunities, as he was able to boast, in a humble way it is true, that he understood six languages.

In 1634 he settled at Shibden Hall, near Halifax, and here before his thirtieth year, he wrote the *Religio Medici*, the book by which to-day his memory is kept green among us. In his travels he had doubtless made many observations on men, and in his reading had culled many useful memoranda. He makes it quite clear—and is anxious to do so—that the book was written while he was very young. He says: "My life is a miracle of thirty years." "I have not seen one revolution of Saturn." "My pulse hath not beat thirty years." Indeed, he seems to have been of Plato's opinion that the pace of life slackens after this date, and there is a note of sadness in his comment, that while the radical humour may contain sufficient oil for seventy, "in some it gives no light past thirty," and he adds that those dying at this age should not complain of immaturity. In the quiet Yorkshire valley, with leisurable hours for his private exercise and satisfaction, the manuscript was completed and "communicated to one it became common to many," and at last in 1642, seven years after its completion, reached the press in a depraved form. In 1637, at the solicitation of friends, he moved to Norwich, with which city, so far as we know, he had not had previous affiliation. At that date the East Anglian capital had not become famous in the annals of medicine. True, she had given Caius to the profession, but he had only practised there for a short time, and does not seem to have had any special influence on her destinies. Sir Thomas Browne may be said to be the first of the long list of worthies who have in the past two and a half centuries made Norwich famous among the provincial towns of the kingdom. Here for forty-five years he lived the quiet, uneventful life of a student-practitioner, absorbed, like a sensible man, in his family, his friends, his studies and his patients. It is a life of singular happiness to contemplate. In 1641 he married Dorothy Mileham, "a lady of such a symmetrical proportions to her worthy husband—that they seemed to come together by a kind of natural magnetism." In the *Religio* he had said some hard things of the gentle goddess, and had expressed himself very strongly against Nature's method for the propagation of the race. He believed, with Milton, that the world should have been populated "without feminine," and in almost identical words they wish that some way less trivial and vulgar had been found to generate mankind. Dame Dorothy proved a good wife, a fruitful branch, bearing ten children. We have a pleasant picture of her in her letters to her boys and to her daughter-in-law in an orthography suggestive of Pitman's phonetics. She seems to have had in full measure the simple piety and the tender affection mentioned on her monument in St. Peter's Church. The

domestic correspondence (Wilkin's edition of the Works) gives interesting glimpses of the family life, the lights and shadows of a cultured English home. The two boys were all that their father could have wished. Edward, the elder, had a distinguished career, following his father's footsteps in the profession, and reaching the dignity of the Presidency of the Royal College of Physicians. Inheriting his father's tastes, as the letters between them show, his wide interests in natural history and archæology are shown in his well-known book *Travels*, a copy of which I here show you, and it may interest some of you to see this copy of the *Hydriotaphia* with his autograph. His son, the "Tommy" of the letters, the delight of his grandfather, also became a physician, and practised with his father. He died in 1710 under rather unfortunate circumstances, and with him the male line of Sir Thomas ended. Of the younger son we have, in the letters, a charming picture—a brave sailor-lad with many of his father's tastes, who served with great distinction in the Dutch wars, in which he met (it is supposed) a sailor's death. The eldest daughter married Henry Fairfax, and through their daughter, who married the Earl of Buchan, there are to-day among the Buchans and Erskines the only existing representatives of Sir Thomas.

The waves and storms of the Civil War scarcely reached the quiet Norwich home. He was a staunch Royalist, and his name occurs among the citizens who in 1643 refused to contribute to a fund for the recapture of the town of Newcastle. It is astonishing how few references occur in his writings to the national troubles, which must have tried his heart sorely. Only in the preface to the *Religio* does he give vent to his feelings, lamenting not only the universal tyranny of the Press, but the defamation of the name of His Majesty, the depravation of Parliament, and the writings of both "depravedly, anticipatively, counterfeitedly imprinted." In one of the letters he speaks of the execution of Charles I. as "horrid murther," and in another he calls Cromwell a usurper. In civil wars physicians of all men suffer least, as the services of able men are needed by both parties, and time and again it has happened that an even-balanced soul, such as our author, has passed quietly through terrible trials, doing the day's work with closed lips. Corresponding with the most active decades of his life, in which his three important works were issued, one might have expected to find in them reference to the Civil War, or, at least, echoes of the great change wrought by the Commonwealth, but, like Fox, in whose writings the same silence has been noticed, whatever may have been his feelings he preserved a discreet silence. His own rule of life, no doubt, is expressed in the advice to his son: "Times look troublesome, but you have an honest and peaceable profession which may employ you, and discretion to guide your words and actions."

Busy with his professional work, interested in natural history, in archæology, and in literature, with a wide circle of scientific friends and correspondents, the glimpses of his life, which we have from the letters, are singularly attractive. He adopted an admirable plan in the education of his children, sending them abroad, and urging them to form early habits of independence. His younger boy, Thomas, he sent at the age of fourteen to France, alone, and he remarks in one of his letters to him: "He that hath learnt not in France travelleth in vain." Everywhere in the correspondence with his children there is evidence of good, practical sense. He tells one of the boys to "cast off *pudor rusticus*, and to have a handsome garb of his body." Even the daughters were taken to France. Through the kindness of Mr. Williams I am able to show you a picture of his house, which, unfortunately, was torn down some years ago, but the handsome mantelpiece has been preserved (Fig. 1).

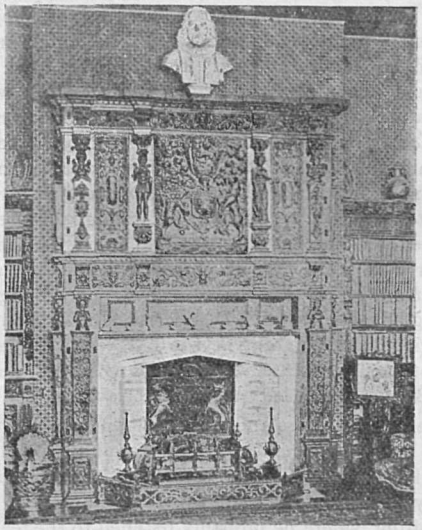


Fig. 1.—Mantel-piece of Sir Thomas Browne's house.

An interesting contemporary account has been left by Evelyn, who paid a visit to Sir Thomas in 1673. He says: " . . . . the whole house being a paradise and a cabinet of rarities, and that of the best collections, especially medails, books, plants, and natural things. Amongst other curiosities, Sir Thomas had a collection of the eggs of all the foule and birds he could procure, that country, especially the promintory of Norfolck, being frequented, as he said, by several kinds which seldom or never go further into the land, as cranes, storkes, eagles, and a variety of other foule."

After Dr. Edward Browne was established in London the letters show the keen interest Sir Thomas took in the scientific work of the day. Writing of his son's lecture on anatomy at the Chirurgical Hall, he warns him that he would have more spectators than auditors, and after that first day, as the lecture was in Latin, "very many will not be earnest to come here-after." He evidently takes the greatest interest in his son's progress, and

constantly gives him suggestions with reference to new posnts that are coming up in the literature. Here and there are references to important medical cases, and comments upon modes of treatment. It is interesting to note the prevalence of agues, even of the severe hæmorrhagic types, and his use of Peruvian bark. In one of the letters a remarkable case of pneumothorax is described: "A young woman who had a julking and fluctuation in her chest so that it might be heard by standers-by." Evidently he had a large and extensive practice in the Eastern Counties, and there are numerous references to the local physicians. There is a poem extolling his skill in the despaired-of case of Mrs. E. S., three or four of the lines of which are worth quoting:

> He came, saw, cur'd! Could Cæsar's self do more;
> Galen, Hypocrates, London's four-score
> Of ffamous Colledge . . . had these heard him read
> His lecture on this Skeliton, half dead;
> And seen his modest eye search every part,
> Judging, not seeing.

The correspondence with his son is kept up to the time of his death. Only part of the letters appears in Wilkin's *Life*, and there are many extant worthy of publication.

In 1671 he was knighted by Charles II. In 1664 he was made an honorary Fellow of the Royal College of Physicians, with which, through his son, he had close affiliations. His name does not appear in the roll of the Royal Society, with the spirits and objects of which he must have had the warmest sympathy. He was in correspondence with many of the leading men of the day—Evelyn, Grew, Elias Ashmole, Dugdale, Paston, Aubrey, and others. The letters deal with a remarkable variety of subjects—natural history, botany, chemistry, magic and archæology, etc. The *Pseudodoxia Epidemica* (1646) extended his reputation among all classes and helped to bring him into close relationship with the virtuosi of the period. There is in the Bodleian a delightful letter from Mr. Henry Bates, a wit of the court, a few extracts from which will give you an idea of the extravagant admiration excited by his writings: "Sir,—Amongst those great and due acknowledgements this horizon owes you for imparting your sublime solid phansie to them in that incomparable piece of invention and judgment, R. M. gives mee leave, sir, here at last to tender my share, which I wish I could make proportionable to the value I deservedly sett upon it, for truly, sir, ever since I had the happiness to know your religion I have religiously honoured you; hug'd your Minerva in my bosome, and voted it my *vade mecum*." . . . "I am o that opinion still, that next the *Legenda Dei*, it is the master-piece of Christendome; and though I have met sometimes with some *omnes sic ego vero non sic* men prejudicating pates, who bogled at shadows in 't, and carpt at atoms, and have so strappadoed me into impatience with their senseless censures, yet this still satisfied my zeal toward it, when I found *non intelligunt* was the nurse of theire *vituperant*, and they onely stumbled for want of a lanthorne."

While interested actively in medicine, he does not seem to have been on intimate terms with his great contemporaries—Harvey, Sydenham, or Glisson—though he mentions them, and always with respect. He was a prudent, prosperous man, generous to his children and to his friends. He subscribed liberally to the rebuilding of the Library of Trinity College, Cambridge, and to the repairs at Christ Church, Oxford. A life placid, uneventful, and easy, without stress or strain, happy in his friends, his family, and his work, he expressed in it that harmony of the inner and of the outer man which it is the aim of all true philosophy to attain, and which he inculcated so nobly and in such noble words in the *Religio Medici* and in the *Christian Morals*.

A description of him given by his friend, the Rev. John Whitefoot, is worth quoting: "He was never seen to be transported with mirth or dejected with sadness; always cheerful, but rarely merry, at any sensible rate; seldom heard to break a jest, and when he did he would be apt to blush at the levity of it. His gravity was natural, without affectation."

The end came unexpectedly in his 77th year, after a sharp attack of colic, on his birthday, October 5th, 1682—a curious coincidence of which he speaks in the *Letter to a Friend*: "But in persons who outlive many years, and when there are no less than 365 days to determine their lives every year—that the first day should make the last, that the tail of the snake should return into its mouth precisely at that time, and they should wind up upon the day of their nativity—is, indeed, a remarkable coincidence, which, though astrology hath taken witty pains to solve, yet hath it been very wary in making predictions of it."

There are three good portraits of Sir Thomas—one in the College of Physicians, London, which is the best known and has been often reproduced, and is the frontispiece of Greenhill's edition; a second is in the Bodleian, and has frequently been reproduced; the third is in the vestry of St. Peter's Mancroft, Norwich.* Through the kindness of Mr. Charles Williams, I am able to show you this beautiful photograph of it. In many ways it is the most pleasing of the three, and he looks in it a younger man, closer to the days of the *Religio*. There is a fourth picture, the frontispiece to the fifth edition of the *Pseudodoxia*, but it is so unlike the others that I doubt very much if it could have been Sir Thomas. If it was, he must have suffered from the artist, as did Milton, whose picture in the frontispiece to the *Poems*, 1645, is a base caricature, but Browne has not had the satisfaction of Milton's joke and happy revenge.

## II.—The Book.

As a book the *Religio Medici* has had an interesting history. Written at "leisurable hours and for his private exercise and satisfaction," it circulated in manuscript among friends, "and was by transcription successively corrupted, until it arrived in a most depraved copy at the press." Two surreptitious editions were issued by Andrew Crooke in 1642 (Fig. 2), both in small octavo, with an engraved frontispiece by Marshall representing

* Reproduced as a supplement to this Gazette.

Fig. 2.—Frontispiece of surreptitious edition.

Fig. 3.—Frontispiece of authorised edition.

a man falling from a rock (the earth) into the sea of eternity, but caught by a hand issuing from the clouds, under which is the legend "A Coelo Salus." Johnson suggests that the author may not have been ignorant of Crooke's design, but was very willing to let a tentative edition be issued—"a stratagem by which an author panting for fame, and yet afraid of seeming to challenge it, may at once gratify his vanity and preserve the appearance of modesty."

There are at least five manuscripts of the *Religio* in existence, all presenting minor differences, which bear out the author's contention that by transcription they had become depraved. Had he been party to an innocent fraud he would scarcely have allowed Crooke to issue within a year a second imperfect edition—not simply a second impression, as the two differ in the size and number of the pages, and present also minor differences in the text. The authorised edition appeared in the following year by the same publisher and with the same frontispiece, with the following words at the foot of the plate: "A true and full copy of that which was most imperfectly and surreptitiously printed before under the name of *Religio Medici*" (Fig. 3). It was issued anonymously, with a preface, signed "A. B.": "To such as have or shall peruse the observations upon a former corrupt copy of this Booke." A curious incident here links together two men, types of the intellectual movement of their generation—both students, both mystics—the one a quiet observer of nature, an antiquary and a physician; the other a restless spirit, a bold buccaneer, a politician, a philosopher, and an amateur physician. Sir Kenelm Digby, committed to Winchester House by the Parliamentarians, had heard favourably from the Earl of Dorset of the *Religio Medici*. Though late in the day, "the magnetic motion, as he says, was impatience to have the booke in his hands," so he sent at once to St. Paul's churchyard for it. He was in bed when it came. "This good natur'd creature I could easily perswade to be my bedfellow and to wake me as long as I had any edge to entertain myselfe with the delights I sucked in from so noble a conversation. And truly I closed not my eyes till I had enricht myselfe with (or at least exactly surveyed) all the treasures that are lapt up in the folds of those new sheets." Sir Kenelm holds the record for reading in bed; not only did he read the *Religio* through but he wrote "Observations" upon it the same night in the form of a letter to his friend, which extends to three-fourths of the size of the *Religio* itself. As Johnson remarks, he "returned his judgement of it not in the form of a letter but of a book." He dates it at the end "the 22nd (I think I may say the 23rd, for I am sure it is morning and I think it is day) of December, 1642." Johnson says that its principal claim to admiration is that it was written within twenty-four hours, of which part was spent in procuring Browne's book and part in reading it. Sir Kenelm was a remarkable man, but in connection with his statements it may be well to remember the reputation he had among his contemporaries, Stubbes calling him "the Pliny of our age for lying." However this may be, his criticisms of the work are exceedingly interesting and often just. This little booklet of Sir Kenelm has floated down the stream of literature, reappearing at intervals attached to editions of the *Religio*, while his weightier tomes are deep in the ooze at the bottom.

The *Religio Medici* became popular with remarkable rapidity. As Johnson remarks, "It excited attention by

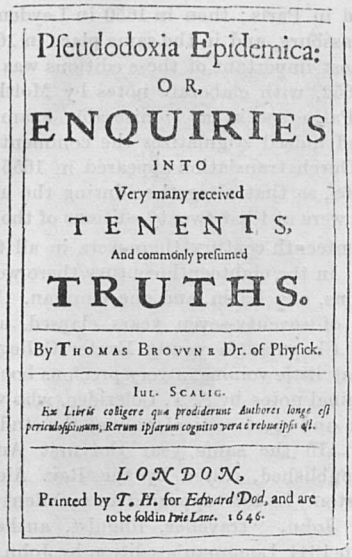
the novelty of paradoxes, the dignity of sentiment, the quick succession of images, the multitude of abstrusive allusions, subtility of disquisition, and the strength of language." A Cambridge student — Merryweather — travelling in Europe, translated it into Latin, and it was published in 1644 by Hackius, at Leyden, in a very neat volume. A second impression appeared in the same year, and also a Paris edition—a reprint of the Leyden. The Continental scholars were a good deal puzzled, and not altogether certain of the orthodoxy of the work. Merryweather, in a very interesting letter (1649) says that he had some difficulty in getting a printer at Leyden. Salmasius, to whom Haye, a book merchant, took it for approbation, said "that there was in it many things well said, but that it contained also many exorbitant conceptions in religion, and would probably find much frowning entertainment, especially amongst the ministers." Two other printers also refused it. The most interesting Continental criticism is by that distinguished member of our profession, Guy Patin, professor in the Paris Faculty of Medicine. In a letter to Charles Spon, of Lyons, dated Paris, October 21st, 1644, he mentions having received a little book called the *Religio Medici*, written by an Englishman, "a very mystical book containing strange and ravishing thoughts." In a letter, dated 1645, he says the book is in high credit here; the author has wit, and there are abundance of fine things in the book. He is a humourist whose thoughts are very agreeable, but who, in my opinion, is to seek for a master in religion may in the end perhaps find none. Patin thought the author in a parlous state, and as he was still alive, he might grow worse as well as better. Evidently the work became a favourite one with Patin, as in 1650–1653–1657, he refers to it again in different editions. It is remarkable that he nowhere mentions the author by name, but subsequently, when Edward Browne was a student in Paris, Patin sends kindly greetings to his father.

Much discussion occurred on the Continent as to the orthodoxy of the *Religio*. It is no slight compliment to the author that he should have been by one claimed as a Catholic, by another denounced as an Atheist, while a member of the Society of Friends saw in him a likely convert. The book was placed on the *Index*. In England, with the exception of Digby's *Observations*, there were no adverse criticisms of any note. Alexander Ross, that interesting old Southampton schoolmaster, who seems always to have been ready for an intellectual tilt, wrote a criticism entitled *Medicus Medicatus, or the Physician's Religion cured by a Lenitive or Gentle Potion.*

In England there were two reprints in 1645, and it appeared again in the years 1656, 1659, 1669, 1672, and in 1682, the year of Browne's death. As you may see in these examples, all have the same frontispiece, and are, with slight variations, reprints of the 1643 edition. The work also began to be reprinted with the *Pseudodoxia Epidemica* (third edition, 1659). The Latin editions followed each other rapidly. As I mentioned, it first appeared at Leyden in 1644, and was reprinted the same year there and in Paris; then in 1650 in Leyden again, in 1652 in Strassburg, and in the same place in 1665 and 1667. The most important of these editions was that of Strassburg, 1652, with elaborate notes by Moltkius, of which Guy Patin speaks as "miserable examples of pedantry," and indeed stigmatizes the commentator as a fool. The Dutch translation appeared in 1655, and a French in 1668, so that altogether during the author's lifetime there were at least twenty editions of the work.

In the seventeenth century there were in all twenty-two editions. In the eighteenth century there were four English editions, one Latin, and one German. Then a long interval of seventy-seven years elapsed, until in 1831 Thomas Chapman, a young Exeter College man, edited this neat little volume, a very precious book, as it is full of marginal notes by S. T. Coleridge, who was one of the earliest and most critical among the students of Sir Thomas. In the same year the first American edition was published, edited by the Rev. Alexander Young, of Boston. In 1838 appeared an excellent edition by J. A. St. John, "traveller, linguist, author, and editor," and in 1844 Longman's edition by John Peace, the librarian of the City Library, Bristol. This edition was republished in America by the house of Lea and Blanchard,[2] Philadelphia, the only occasion, I believe, on which the *Religio* has been issued by a firm of medical publishers. In 1845 appeared Pickering's beautiful edition, edited, with many original notes, by the Rev. Henry Gardiner, in many ways the most choice of nineteenth-century issues. In 1862 James Ticknor Fields, the well-known Boston scholar and publisher, brought out a very handsome edition, of which, for the first time in the history of the book, an *edition de luxe* appeared in this large paper copy. In 1869 appeared Sampson Low and Co.'s edition by Willis Bund; and in 1878 Rivington's edition, edited by W. P. Smith. Then in 1881 appeared what must always remain the standard edition, edited by Dr. Greenhill for the Golden Treasury Series, and reprinted successively by Macmillan and Co. To his task Dr. Greenhill brought not only a genuine love of Sir Thomas Browne, but the accuracy of an earnest, painstaking scholar. Since that date a dozen or more editions have appeared, of which I may mention the excellent one by Dr. Lloyd Roberts, of Manchester. I may finish this dry summary by asking you to contrast this little parchment-covered surreptitious edition of 1642, with the sumptuous folio of the Vale press. In all, including those which have appeared with the collected works, there have been about fifty-five editions. Browne states that the work had also been translated into High Dutch and into Italian, but I can find no record of these editions, nor of a German translation, 1680, mentioned by Watt.

Time will allow only a brief reference to his other writings. *Pseudodoxia Epidemica; or Inquiries into very many received Tenets and commonly-presumed Truths*, appeared in 1646 in this small folio (Fig. 4). In extent this is by far the most pretentious of Browne's works. It forms an extraordinary collection of old wives' fables



Pſeudodoxia Epidemica:
OR,
ENQUIRIES
INTO
Very many received
TENENTS,
And commonly preſumed
TRUTHS.

By THOMAS BROVVNE Dr. of Phyſick.

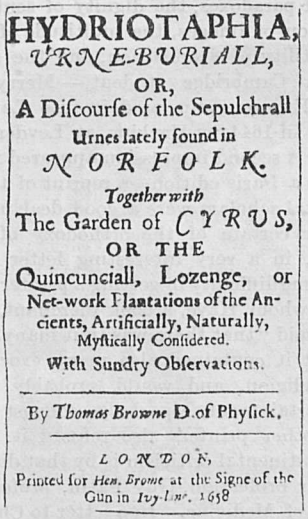
IUL. SCALIG.
Ex Libris colligere quæ prodiderunt Authores longe eſt periculoſiſſimum, Rerum ipſarum cognitio vera e rebus ipſis ſit.

LONDON,
Printed by T. H. for Edward Dod, and are to be ſold in Fryes Lane. 1646.

Fig. 4.—Title page of the Pseudodoxia.

and popular beliefs in every department of human knowledge, dealt with from the standpoint of the science of that day. In a way it is a strong protest against general credulity and inexactness of statement, and a plea for greater accuracy in the observation of facts, and in the recording of them. Walter Pater has drawn attention to the striking resemblance between Browne's chapter on the Sources of Error, and Bacon's doctrine of the Idola—shams which men fall down and worship. He discusses cleverly the use of doubts; but, as Pater remarks, "Browne was himself a rather lively example of entertainments of the Idols of the Cave—Idola Specus—and, like Boyle, Digby, and others, he could not quite free himself from the shackles of alchemy and a hankering for the philosopher's stones." The work was very popular, and extended the reputation of the author very widely. Indeed, in 1646 Browne was not known at large as the author of the *Religio*, as his name had not appeared on the title-page of any edition issued at that date. It was reprinted in these editions which I show you, and it appeared in French both in France and in Holland.

Equalling in popularity among certain people the *Religio*, certainly next to it in importance, is the remarkable essay known as *Hydriotaphia—Urne-Burial; or, A Discourse of the Sepulchrale Urnes lately found in Norfolk* (1658) (Fig. 5). Printed with it is *The Garden of Cyrus*, a learned discourse on gardens of all forms in all ages. Naturally when an unusual number of funeral urns were found at Walsingham, they were brought to the notice of Browne, the leading antiquary of the county. Instead of writing a learned disquisition upon their date—he thought them Roman, they were in reality Saxon — with accurate measurements and a catalogue of the bones, he touches upon the whole incident very lightly, but, using it as a text, breaks out into a noble and inspiring prose poem, a meditation upon mortality and the last sad rites of all



HYDRIOTAPHIA,
URNE-BURIALL,
OR,
A Diſcourſe of the Sepulchrall
Urnes lately found in
NORFOLK.
Together with
The Garden of CYRUS,
OR THE
Quincunciall, Lozenge, or
Net-work Plantations of the Ancients, Artificially, Naturally,
Myſtically Conſidered.
With Sundry Obſervations.

By Thomas Browne D. of Phyſick.

LONDON,
Printed for Hen. Brome at the Signe of the Gun in Ivy-Lane. 1658

Fig. 5.—Title-page of the *Urn-Burial*.

nations in all times, with learned comments on modes of sepulchre, illustrated with much antiquarian and historical lore. Running through the work is an appropriate note of melancholy at the sad fate which awaits the great majority of us, upon whom the iniquity of oblivion must blindly scatter her poppy. "The greater part must be content to be as though they had not been, to be found in the Register of God, not in the record of man."

Nowhere in his writings does the prose flow with a more majestic roll. Take, for example, this one thought: "If the nearness of our last necessity brought a nearer conformity unto it, there were a happinessin hoary hairs, and no calamity in half senses. But the long habit of living indisposeth us for dying, when avarice makes us the sport of death, when even David grew politically cruel, and Solomon could hardly be said to be the wisest of men. But many are too early old and before the days of age. Adversity stretcheth our days, misery makes Alcemena's nights, and time hath no wings unto it."

Closely connected in sentiment with the *Urn-Burial* is this thin folio pamphlet—the rarest of all Browne's works, printed posthumously in 1698—*A Letter to a Friend on the Occasion of the Death of his Intimate Friend* (Fig. 6). It is a splendid dissertation on death and modes of dying, and is a unique study of the slow progress to the grave of a consumptive. It is written in his most picturesque and characteristic vein, with such a charm of diction that some critics have given it the place of honour among his works. Pater, in most enthusiastic terms, speaks of it with the *Urn-Burial* as "the best justification of Browne's literary reputation."

The tender sympathy with the poor relics of humanity which Browne expresses so beautifully in these two meditations has not been meted to his own. "Who knows the fate of his bones or how often he is to be buried?" he asks. In 1840, while workmen were repairing the chancel of St. Peter's Mancroft, the

A

LETTER

TO A

FRIEND,

*Upon occasion of the*

DEATH

OF HIS

Intimate Friend.

By the Learned

Sir *THOMAS BROWN*, Knight,

Doctor of Phyſick, late of *Norwich*.

*LONDON:*

Printed for *Charles Brome* at the *Gun* at the West-End of S. *Paul's* Church-yard. 1690.

Fig. 6.—Title-page of a letter to a friend.

coffin of Sir Thomas was accidentally opened, and one of the workmen took the skull, which afterwards came into the possession of Dr. Edward Lubbock, who deposited it in the Museum of the Norfolk and Norwich Infirmary. When I first saw it there in 1872 there was on it a printed slip with these lines from the *Hydriotaphia*: "To be knaved out of our graves, to have our skulls made drinking bowls, and our bones turned into pipes, to delight and sport our enemies, are tragical abominations escaped in burning burials." The skull has been carefully described by Mr. Charles Williams, to whom I am indebted for these photographs which I here show you.

In addition to the "Letter to a Friend," there are three posthumous works, *Certain Miscellany Tracts* (1684), edited by Archbishop Tenison, and *Posthumous Works*, 1712, containing chiefly papers of antiquarian interest. In the same year, 1712, appeared the *Christian Morals*, edited by Archdeacon Jeffrey of Norwich, from a manuscript found among Browne's papers. Probably a work of his later life, it forms a series of ethical fragments in a rich and stately prose which, in places, presents a striking parallelism to passages in the Hebrew poetry. The work is usually printed with the *Religio*, to which in reality it forms a supplement.

Of the collected editions of Browne's works, this, a fine folio, appeared in 1686. In 1836, Simon Wilkin, himself a Norwich man, edited the works with the devotion of an ardent lover of his old townsman, and with the critical accuracy of a scholar. All students of Sir Thomas remain under a lasting debt to Mr. Wilkin, and it is pleasant to know, through the kindness of his daughter-in-law, Mrs. Wilkin, of Sidmouth, a Sir Thomas Browne Library has been founded in connection with the Norwich Museum, in which Mr. Simon Wilkin's collections have been placed. A three-volume edition of the works is in urse of publication by Grant Richards, 1904–5.

III.—Comments.

In this country, from Johnson to Walter Pater, critics have put on record their estimate of Browne and of his place in literature, and among whom for keenness of appreciation Pater takes the first rank. Lamb and Coleridge dearly loved the old Norwich physician, in whom they found a kindred spirit. In America, the New England writers, Ticknor Fields, Holmes, and Lowell were ardent students of his works. Lowell in particular is fond of apt quotations from him, and in one place speaks of him as "our most imaginative mind since Shakespeare." But no one has put so briefly and so clearly the strong characters of our author as the French critic, Taine: "Let us conceive a kindred spirit to Shakespeare's, a scholar and an observer instead of an actor and a poet, who in place of creating is occupied in comprehending, but who, like Shakespeare, applies himself to living things, penetrates their internal structure, puts himself in communication with their actual laws, imprints in himself fervently and scrupulously the smallest details of their figure; who at the same time extends his penetrating surmises beyond the region of observation, discerns behind visible phenomena a world obscure yet sublime, and trembles with a kind of veneration before the vast, indistinct, but populous abyss on whose surface our little universe hangs quivering. Such a one is Sir Thomas Browne, a naturalist, a philosopher, a scholar, a physician, and a moralist, almost the last of the generation which produced Jeremy Taylor and Shakespeare. No thinker bears stronger witness to the wandering and inventive curiosity of the age. No writer has better displayed the brilliant and sombre imagination of the North. No one has spoken with a more eloquent emotion of death, the vast night of forgetfulness, of the all-devouring pit of human vanity which tries to create an immortality out of ephemeral glory or sculptured stones. No one has revealed in more glowing and original expressions the poetic sap which flows through all the minds of the age."

The growing popularity of Browne's writings testifies to the assured position he holds, if not in the hearts of the many, at least in the hearts of that saving remnant which in each generation hands on the best traditions of our literature. We, as members of his profession, may take a special pride in him. Among physicians, or teachers of physic, there is, perhaps, but one name in the very first rank. Rabelais stands apart with the kings and queens of literature. Among the princes of the blood there are differences of opinion as to their rank, but Sir Thomas Browne, Holmes, and John Brown, of Edinburgh, form a group together high in the circle. Of the three, two were general practitioners; Oliver Wendell Holmes only in the early part of his life, and for forty years a teacher of anatomy; but all three have far closer ties with us than Goldsmith, Smollett, or Keats, whose medical affiliations were titular rather than practical.

Burton, Browne, and Fuller have much in common—a rare quaintness, a love of odd conceits, and the faculty of apt illustrations drawn from out-of-the-way sources. Like Montaigne—Burton even more—Browne's bookishness is of a delightful kind, and yet, as he maintains, his best matter is not picked from the leaves of any author, but bred among the "weeds and tares" of his own brain. In his style there is a lack of what the moderns call technique, but how pleasant it is to follow his thoughts, rippling like a burn, not the stilled formality of the technical artist in words, the cadences of whose precise and mechanical expressions pall on the ear.

As has been remarked, the *Religio Medici* is a *tour de force*, an attempt to combine daring scepticism with humble faith in the Christian religion. Sir Thomas confesses himself to be "naturally inclined to that which misguided zeal terms superstition." He "cannot hear the Ave Maria bell without an elevation." He has no prejudices in religion, but subscribes himself a loyal son of the Church of England. In clear language he says, "In brief, where the Scripture is silent the church is my text; where that speaks it is but my comment. When there is a joint silence of both, I borrow not the rules of my religion from Rome or Geneva, but from the dictates of my own reason." He is hard on the controversialist in religion, "every man is not a proper champion for truth, nor fit to take up the gauntlet in the cause of verity," etc. While he disclaims any "taint or tincture" of heresy, he confesses to a number of heretical hopes, such as the ultimate salvation of the race, and prayers for the dead. He freely criticises certain seeming absurdities in the Bible narrative. His travels have made him cosmopolitan and free from all national prejudices. "I feel not in myself those common antipathies that I can discover in others, those national repugnancies do not touch me, nor do I behold with prejudice the French, Italian, Spaniard or Dutch; but where I find their actions in balance with my countrymen's, I honour, love, and embrace them in the same degree. I was born in the eighth climate, but seem for to be framed and constellated unto all. I am no plant that will not prosper out of a garden; all places, all airs, make unto me one country; I am in England, everywhere, and under any meridian." Only the "fool multitude" that chooses by show he holds up to derision as "that numerous piece of monstrosity, which, taken asunder, seem men, and the reasonable creatures of God; but confused together, make but one great beast, and a monstrosity more prodigious than Hydra." He has a quick sympathy with the sorrows of others, and, though a physician, his prayer is with the husbandman and for healthful seasons. No one has put more beautifully the feeling which each one of us has had at times about patients: "Let me be sick myself, if sometimes the malady of my patient be not a disease unto me; I desire rather to cure his infirmities than my own necessities; where I do him no good, methinks it is scarce honest gain; though I confess 'tis but the worthy salary of our well-intended endeavours."

He has seen many countries, and has studied their customs and politics. He is well versed in astronomy and botany. He has run through all systems of philosophy, but has found no rest in any. As death gives every food gratis the knowledge which is won in this life with sweet and vexation, he counts it absurd to take pride in his achievements, though he understands six languages, besides the patois of several provinces.

As a scientific man, Browne does not take rank with many of his contemporaries. He had a keen power of observation, and in the *Pseudodoxia* and in his letters there is abundant evidence that he was an able naturalist. He was the first to observe and describe the peculiar substance known as adipocere, and there are in places shrewd flashes, such as the suggestion that the virus of rabies may be mitigated by transmission from one animal to another. We miss in him the clear dry light of science as revealed in the marvellous works of his contemporary, Harvey. Busy as a practical physician, he was an observer, not an experimenter to any extent, though he urges: "Join sense unto reason and experiment unto speculation, and so give life unto embryon truths and verities yet in their chaos." He had the highest veneration for Harvey, whose work he recognised as epoch making—"his piece, *De Circul. Sang.*, which discovery I prefer to that of Columbus." He recognised that in the faculty of observation the old Greeks were our masters, and that we must return to their methods if progress was to be made. He had a much clearer idea than had Sydenham of the value of anatomy, and tells his young friend, Power, of Halifax, to make *Autopsia* his *fidus Achates*.

That he should have believed in witches, and that he should have given evidence in 1664 which helped to condemn two poor women, is always spoken of as a blot on his character; but a man must be judged by his times and his surroundings. While regretting his credulity, we must remember how hard it was in the sixteenth and seventeenth centuries not to believe in witches—how hard, indeed, it should be to-day for anyone who believes implicitly the Old Testament!—and men of the stamp of Reginald Scot and Johannes Wierus, who looked at the question from our point of view, were really anomalies, and their strong presentation of the rational side of the problem had really very little influence on their contemporaries.

For you, young men, the writings of Sir Thomas Browne have a very positive value. The charm of high thoughts clad in beautiful language may win some of you to a love of good literature; but beyond this is a still greater advantage. Like the *Thoughts of Marcus Aurelius* and the *Enchiridion* of Epictetus, *The Religio* is full of counsels of perfection which appeal to the mind of youth, still plastic and unhardened by contact with the world. Carefully studied, from such books come subtle influences which give stability to character and help to give a man a sane outlook on the complex problems of life. Sealed early of this tribe of authors, a student takes with him, as *companions du voyage*, life-

long friends whose thoughts become his thoughts and whose ways become his ways. Mastery of self, conscientious devotion to duty, deep human interest in human beings—these best of all lessons you must learn now or never; and these are some of the lessons you may glean from the life and from the lips of Sir Thomas Browne.

Reference and Note.

[1] Wilkin, vol. 1, p. 253. [2] They did not issue an edition in 1848, as mentioned by Greenhill on the authority of J. T. Fields.

## Guy's Hospital Debating Society.

The first meeting of the Debating Society was held on Saturday, October 14th, Dr. Savage in the chair.

The meeting opened with a pretty little incident, illustrating the complete confidence of the House in its two secretaries. The minutes of the last meeting having been read and signed, the President asked for any private business. This, as a rule, is the occasion for some hooligan, desiring to acquire a cheap notoriety, to arise and make some foolish complaint against the secretaries. But so affectionately do the members now regard their secretaries that not the lowest hooligan ventured to raise his head.

Mr. Giesen then rose, and proposed that:—"In the opinion of this House, Medicine should become a branch of the Public Service." Assuming a graceful attitude, he proceeded to outline what might reasonably be understood by "Medicine under State control," and then detailed a few of the numerous advantages to be derived therefrom. Interviewed subsequently, the hon. gentleman said he had addressed public meetings in both hemispheres of the globe, and what struck him most about an English audience was that it never supported his side of the argument.

Mr. Ryffel opposed the motion. He stated that he could not be expected to work hard or well in State service, but would work honestly hard for his own aggrandisement. He then delivered a most unpatriotic attack upon the administration of the British Army, and was going to follow suit with the Navy, but thought better of it.

The next item was a turn by the junior secretary, who seconded the motion.

Everybody woke up when a vindictive little gentleman hopped on to the carpet. He was the seconder of the opposition, and was very indignant at even having to contradict such nonsense. The motion was ridiculous. The race did not want to be molly-coddled. The more an organism was exposed to adverse circumstances the stronger it must become. It was obvious. He was greatly opposed to sanitary reform and drains. Someone had said "statistics." Statistics, indeed! They were no use to anyone except to the man who had compiled them, and, really, no use to him. Why, if there were compulsory examinations of everyone at Government health bureaux they would be soon having slaughter-houses attached for the under-sized. (Both opposers shuddered together at the thought.) He didn't like the idea of a Colonial coming all the way from New Zealand to tell the mother country how it ought to be run.

The President then in a short speech laid the subject open to the discussion of the House.

There was, however, a slight lull in the speeches, all the members sitting tight. De Quincey was seen sitting near the fire-place, abstractedly gazing at the blue smoke curling up from his opium-pipe; but he did not break his trance and speak.

At last Mr. Brookhouse arose and announced that he—aw—thought most doctors were well off, and lived in—er—respectable neighbourhoods. He himself lived near St. George's, Hanover Square, but he thought the seconder of the opposition came from St. George's-in-the-East. There were four points in the matter, and these he proceeded to give.

Mr. D. Reynolds then got up, and in a maiden speech announced that he didn't like workmen in Parliament. He wasn't going to have bricklayers and those kinds of people arrange his fees. What about lady doctors in the State? And how would a person of high estate like to be treated by the same doctor who had treated a labourer or a sweep?

Mr. T. Turner O'Callaghan thought H. G. Wells ought to be above writing in the *Daily Mail*. He fancied communism would benefit one class of society at the expense of others. He personally would commit suicide to escape State medicine. The hon. member enlivened his speech by dancing a hornpipe the while.

The Senior Secretary, in an elongated speech, assailed the hon. opposer. Far from State medicine being a financial loss, it would be a source of revenue. He defended the use of statistics, and, after expressing his opinion on every subject under the sun, he wound up by a vicious attack on women doctors and high-fallutin' ladies.

Mr. Ryffel rose behind the pillar, and speaking in a mild and chastened voice, he abandoned the opposition, but said that women doctors had a definite function, and he would not hear them abused.

Mr. Giesen, in his final reply, could not help noticing that in the hon. opposer's earlier remarks there was a distinct suggestion of the hon. member for the Physiological Department. He wished the latter could have been present, for he was sure that he would have told them that the medical profession should abandon all scientific method, paint themselves with woad and dance a "tin-can-can" around their patients.

The President having summed up, the motion was put to the House and lost by a majority of 10, 45 members being present, the silent dead weight of conservatism again proving a bar to progress.

The meeting then adjourned to enjoy the coffee which a thoughtful executive had provided.

# Correspondence.

*To the Editor of* Guy's Hospital Gazette.

## Royale Sherborne Dutton.

Sir,—May I, on behalf of the widow and myself, cordially thank all Guy's men, past and present, for their strong support of Royale Sherborne Dutton for Epsom College? He took fourth place with 8,667 votes on the first election, a most gratifying performance. Nothing would have so delighted his father (E. G. Dutton M.R.C.S.), who was well known as a hard-working student at Guy's (1872–76), to think Guy's men had, no doubt, considerably helped to get his son elected. I may add that in my tours round the world I have always found Guy's men most willing and ready to help one another more than any other hospital men. I could tell of very pretty hospitality shown to myself by Guy's men in New Zealand.—I am, Sir, yours truly,

7, Manchester Square, W. THOMAS DUTTON.
October 12, 1905.

## Christmas Day.

Dear Sir, —The premonitory symptoms of the Christ mas festivities are already beginning to appear, and it will not be many weeks before the noble band of Niggers commences its rousing choruses, which so rejoice (?) the hearts of those resident in College. Consequently, I humbly beg leave to bring before your notice, and that of your readers, a suggestion with regard to Christmas. To go straight to the point, why should not the Niggers disport themselves on Boxing Day, instead of Christmas Day itself? I anticipate an indignant refusal to entertain the idea for a moment, but, nevertheless, it is a fact that Christmas was not instituted as a day of revelry. As it is at present, that day may be divided into three stages: (1) A more or less prolonged period of preparation and anticipatory excitement, (2) a few brief moments of intoxication during the presence of the Niggers, and (3) a period of collapse after the last drum of the retiring band has been stilled. No loophole is given for the religious side of Christmas to enter the programme—the day has simply relapsed into the condition of the primitive Roman festival, from which the early Christians are said to have borrowed the ceremonial.

On the other hand, were the great event of the Niggers postponed to the following day, the aforesaid loophole would be given, and both patients, nurses—and Niggers, too—would have a better opportunity of spending Christmas as it should be spent. The patients' friends might be admitted to the wards, and the individual Sisters could easily arrange small "sing-songs" in the evening, if desired. Or, a band of carol singers (as held at other hospitals) would, at least, be more appropriate to the day than comic songs.

One other argument I must put forward, and I have done. To many of us, Christmas is looked upon as a day of family re-union, and from this re-union the Niggers are necessarily debarred.

With the entertainment on the following day, they could easily join the family circle for Christmas, and return in time to black their faces before the fun commenced.

I fear I am using up too much valuable space, but pardon an "OLE NIGGER."

October 15th, 1905.

# Dental News.

At the last meeting of the Physical Society, an exhibition of dental instruments was held. We noticed with regret that members of the Dental School—both Staff and Students—were conspicuous by their absence, not only at the meeting but also at the exhibit; our only representative was Mr. Dowsett. If we were asked, "Where is the *esprit de corps* of the dental men?" it seems that we should be compelled to reply that it is an unknown quantity. This is a great pity, and we would urge men to kindle a little more enthusiasm for those branches of the Clubs' Union, which, while not being athletic *physically* are undoubtedly so *mentally*—for instance, the Physical Society, Debating Society, and the Dental Society are undoubtedly most excellent institutions, worthy of the vigorous support which we might so easily give.

The two following cases are somewhat unusual, and should prove of interest.

Case I.—A boy, æt. 7, was admitted into Cornelius ward on August 5th of this year, suffering from concussion with fractured ribs and a wound under the right side of the chin.

On Tuesday, August 8th, the œdema having somewhat subsided in the region of the lower jaw, a fracture was diagnosed, the point of fracture being a little to the right of the symphysis; the lower right temporary central was found to have been displaced at the time of the accident, and pus was oozing from the socket of this tooth.

A modified Tomes' splint was applied on August 9th, but this failed to hold the parts in apposition, owing to the insufficient "hold" afforded by the temporary teeth, and to the resistance of the parts. A metal Gunning splint was then made and fixed by means of a modified Hamilton bandage on August 10th. A marked improvement was noticed on the following day, consequent on the complete immobility of the jaw; the case made rapid and successful progress, and splint was removed on September 20th, good bony union having taken place, and the articulation being completely restored.

Case II.—Patient, a man, æt. 51, when seen on September 6th, complained of a continuous discharge of pus from sinus in lower jaw; the teeth had all been extracted two years previously, and a few days after the operation

he noticed a discharge oozing from the canine region. He went to a doctor, who inserted drainage tubing and dressed the cavity with iodoform. This treatment gave relief, and he maintained it for six months; though he attended the hospital he had not visited the doctor for twelve months.

On examination, the sinus was found to extend towards the symphysis for a distance of about two-and-a-half inches, it was opened up slightly (under Nitrous Oxide), and as specific trouble was suspected, Mist. Pot. Iodidi. was prescribed. The next day, a more thorough examination being possible, a tough and elastic body was felt at the end of the sinus; on removal, this proved to be a two-inch piece of drainage tube, in a terribly foul condition. The patient had been told by the medical man (some fourteen months previous) that he must have swallowed a piece of the tube in his sleep, and the patient was under the impression that he *had* done so.

The incision is now being cleaned out with Hydrogen Peroxide, 20 vols. every day; the pus has entirely lost its odour and is much diminished in quantity; the trouble is rapidly clearing up. A gauze drain is being used to prevent the tract healing from the outside margins.

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The new appointments for this Session are:—

*Assistant Dental House-Surgeons:*—Messrs. C. E. Lloyd and S. G. Elliott.

*Demonstrators in Conservation Room:*—Messrs. H. E. Marsh, F. M. Holborn and H. Sims.

## Change of Address.

Mr. F. Holcombe Fuller, L.D.S. Eng., Guy's Hospital, and at 1, Sydenham Park Road, Sydenham, S.E.

Mr. Geo. D. Martin, M.R.C.V.S., from Guy's Hospital to c/o Director-General, C.V..D, Simla, India.

Dr. S. B. de Mesquita, from 1, Highbury New Park, N., to Rosemount, Finchley Road, Hampstead, N.W.

Dr. H. F. Bell Walker, from Guy's Hospital to 2, Ormonde Terrace, Regent's Park, N.W.

Dr. A. R. Wilson, from Guy's Hospital to Bloxham, Banbury, Oxon.

Dr. Theodore Fisher, from Harley Lodge, Clifton Down, Clifton, Bristol, to the Garples, Granville Road, Sidcup.

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*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Papers by Guy's Men.

On the Value of an Examination of the Blood in Typhoid Fever. By John Atkins, M.B. Lond., F.R.C.S Eng.—*West London Medical Journal* for October, 1905.

Puerperal Eclampsia: A Résumé of Current Views By F. C. Batchelor, M.D.—*The New Zealand Medical Journal* for July, 1905.

## In Lighter Vein.

### A CUR OF LOW DEGREE.

My name is Bunch. Of my parentage the less said the better, and what little there is to be said is revolting. I never saw father, and mother never spoke of him to me. My mistress's name is Mary—simply Mary; there is no title attached. We feel rather strongly about it, but there it is, and she has to put up with it. She dotes on me, and but rarely has me bathed.

* * * *

As a member of the Super.'s household, I feel I hold a post of no little responsibility, and, as mine is not a nature to do things by halves, I do my best to make myself as unpleasant as possible. I don't pretend for a moment that this duty is irksome, my inclinations are certainly all that way; but when I hear people speaking of my doings as of the mere peccadilloes of an *ordinary* dog, I feel rather wild. I am the dog of Sir Edwin Cooper Perry, and we both of us have our work in the world.

* * * *

I'm not popular, and I know it. But though I can't, in the nature of things, be liked, I don't intend there to be any misunderstanding, and that's why I'm writing to the Gazette. It was Sir Cooper suggested it to me, but still I think it's a sound idea.

* * * *

O. V.'s our new H.-P. Funny little chap. Quite harmless, I should think. We'll lick him into shape between us. Wonder if his friendship for me is really genuine? If it is, I should think he's a man to know. I can drop him afterwards, if it comes to that.

* * * *

O. V. and I both wonder what's become of master's watch chain.

* * * *

Can't make out what it is that goes down past the baker's place into the chemical buildings. It isn't a chemist. It looks rather like a

small walrus. Suppose it's a bacteriologist. I'll bark at him and see if he runs.

* * * *

Tommy Hicks kicked me yesterday—the brute. Came grousing out of the medical buildings with his tie up to his occiput. Heard him say, "They're a rotten lot up there." Shall tell master he hacked me. Not that that's much good, as he always laughs when I mention Tommy.

* * * *

Tuesday's our busy day. Master goes down to Skins, and messes about with the folk there. They're a scabby lot. Makes me scratch to think of them. Must remember not to scratch on the steps of the medical buildings. People catch you at a disadvantage—you can't streak off quickly enough.

* * * *

Jerry Sichel's been trying to draw me. He's got quite the nicest legs in the hospital, bar none. I rather like the looks of the chap in the skiagraph room, too. Both small men.

* * * *

Don't hear so much of Rudey nowadays. Now that's a man I've got a soft spot for. Our barks are rather alike, and they neither of them go for much.

* * * *

Tiny Jones has got the knock from the Dip. Room. Things were humming a bit, I fancy. I heard him crying for beer and full diet before he'd been there two hours. Dip. indeed!

* * * *

Who is the foreign-looking gent. that's running the Eye Wards? It fairly makes me bark to see the eyeglass—part of the stock-in-trade, I suppose.

* * * *

Fairly slaughtered a cat last night. Took "the carcase" to Wade. Noticed some of the College folk this morning looking a bit green about the gills.

* * * *

Master's going off his food—lecturing, I suppose. Suppose it is rather trying to *have* to bark whether you like it or not.

* * * *

O. V. has done for himself so far as we are concerned. He hit me with a brick in a tender spot.

* * * *

But I must not forget THE great event of the day, when Matron and I go upon our rounds together. It is indeed a proud time—the time above all times when I feel I am a positive peach. I sometimes feel a bit skittish on these occasions, but Matron and I have decided that after all the best motto is, "Be merry and wise."

## From the Gazette's Special Pathologist.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

NOTICE.

T. R. A., CHADWELL HEATH.—No tubercle bacilli are found in this specimen of sputum, which is slightly purulent in character.

PATHOLOGIST.

## Papers by Guy's Men.

Traumatic Pneumonia. By Fleet-Surgeon C. Marsh Beadnell, R.N.—*British Medical Journal*, October 14th, 1905.

Observations on the Thymus Gland in Children. By M. Fortescue-Brickdale, M.A., M.D. Oxon.—*The Lancet*, 7th October, 1905.

A Case of Diver's Paralysis, with Histological Examination of the Spinal Cord. By W. Hale White, M.D. Lond., F.R.C.P. Lond., and F. A. Bainbridge, M.D. Cantab., D.Sc. Lond.—*Ibid.*, 14th October, 1905.

The Canadian Army Dental Service. By A. F. A. Howe, L.D.S. Eng.—*British Dental Journal*, 16th October, 1905.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*A Manual of Surgery.* By William Rose and Albert Carless. Sixth edition, pp. xiv. and 1350. (Messrs. Bailliére, Tindall & Cox.) 21s. nett.

When last we reviewed this work in 1902 it was in its fifth edition, and we are pleased to note that several features to which we then took exception have been revised. The book is now of a much more convenient size; a larger page and a paper which is thinner and yet not less opaque have enabled the bulk of the book to be considerably reduced in spite of the extra 170 pages which have been added. Professor Rose found that he was unable to take his share in the necessary revision of the work, so that the name of Professor Carless alone appears at the foot of the preface, though additional help has been obtained from various members of the King's College Hospital Staff, who have re-written or revised the various special chapters in which they are interested; among which we are particularly glad to notice that the initial part on Inflammation, etc., has been almost entirely re-written, so now good readable chapters have taken the place of that part of the book which was originally the least satisfactory. We are sorry, however, to notice that a chapter has been added on the surgical aspects of gynæcology. Extending only to twenty-four pages, it must be necessarily useless to the student who is expected to read special works on that subject, while at the same time it is evidence of the regrettable invasion by the surgeon of provinces which are not his own.

A large number of new illustrations have been added, and a number of old worn blocks replaced by fresh pictures, some of which are very good, especially the skiagrams and the microphotographs; we regret, however, to notice that the diagram of a Hodgen's splint is still faulty; it would never hang with the suspending cord in the direction indicated, nor is it necessary for that cord to pass over a pulley and be attached to a weight.

The chapter on Appendicitis has been entirely re-arranged and re-written, and is now most excellent, though in former editions it was wanting in clearness and extent. The operation for cleft palate is now much better described: new diagrams have been added which greatly help the reader, and a description of Davies-Colley's operation has been included. A good chapter is given on the General Technique of Modern Surgery, but we are sorry to see that no mention is made of Kocher's operation for inguinal hernia. An operation which is so satisfactory and easy to perform in early cases, or in young subjects in whom the inguinal canal is not yet much distorted, should be noticed in such a recent students' text-book. Hip disease is still very well treated, and some new photographs are excellent, helping considerably towards a clear understanding.

The article on Intussusception is still not very satisfactory, the prognosis is too gloomy, *e.g.*, "in about half the cases reduction is impracticable (even by operation)." No mention is made of the advantages of examination under an anæsthetic, and sufficient stress is not laid on the passage of blood and mucus *without* fæces as an aid to diagnosis. We are glad to see that division of the extensor tendon is no longer recommended as a treatment for hammer-toe, and in several other similar details the book has been thoroughly revised, so that, in spite of its many modern rivals, Rose and Carless will still remain a popular text-book with students.

*Anatomy, Descriptive and Surgical.* By Henry Gray, F.R.S. Sixteenth edition. Edited by T. Pickering Pick, F.R.C.S., and Robert Howden, M.A., M.B. pp. 1248. (Messrs. Longman, Green & Co.) 32s. net.

It is no mean achievement for a scientific book to maintain a prominent position as a students' text book for forty-seven years, and yet such is a bare history of Gray's Anatomy; it is still read as much by us as it was by our fathers in the dissecting room, and yet, though it has been edited and revised many times, the work has been done so carefully, that a student of the latest edition will find in the Gray of the early seventies many of the plates, and the greater part of the text which he knows.

In the present edition we find a welcome change, as the omission of certain pictures has allowed the use of a lighter paper, and, therefore, a lighter book, though the volume is not yet of arm-chair proportions, and we should like to reiterate the suggestion which we made in 1901—that it should be devided into two volumes. Amongst the chapters that have been extensively revised, we particularly notice those on the central nervous system, which is now very readable and illustrated by many new diagrams, some of which are most variegated in colour, and one is most wonderful—a *schematic representation of the lamina reticularis and subjacent structures*, which is borrowed from Testut, as indeed are many of the best illustrations.

The lymphatic system—a weak point in former editions—*is now much better described, though the same illustrations* are still used. A further use of extra colour is most advantageous in the plates illustrating the development of bones, where the epiphyses are coloured blue, and in the old-old diagram of the fœtal circulation, which now gives a purple colour to the vessels containing mixed arterial and venous blood. Gray's Anatomy is justly famous for its illustrations, and we can still recommend it as the best *systematic* text book on anatomy for students.

*Clinical Methods.* By Robert Hutchison, M.D., and Harry Rainy, M.A. Third edition, pp. 634. (Messrs. Cassell & Co.) 10s. 6d.

This manual now appears again in a new edition which has been extensively revised. Its general arrangement

is very well known and has not been altered, while it still holds a prominent position among the books which medical ward clerks "most do want."

There are a few minor points which, however, we should like to protest against. Firstly, the absurdity of binding a clinical book in scarlet, a book which will lie on the laboratory table, and secondly, the inordinate length of the work, which leads the authors to encroach in several places on the province of the text book.

No mention is made of opsonins, and Kernig's sign is still wrongly described; the test is, with the hip flexed to a right angle, to extend the knee to an angle of 150°—not to fully extend it—as it is impossible to do that to a healthy person. On page 196 pulse tracings of the two radials are given, "in aneurysm," without any statement as to the site of the aneurysm.

Some excellent coloured plates are given, especially those of the white blood corpuscles.

*Hygiene and Public Health.* By B. Arthur Whitelegge, C.B., M.D., and George Newman, M.D. New edition, pp. 636. (Messrs. Cassell & Co.) 7s. 6d.

Another new edition of a well-known book which has been used by many students to cram up the facts necessary to examinations. It has been revised, and in many places re-written, so that it has been thoroughly brought up to date, and even includes a description of the epidemic of typhoid which occurred in Lincoln in January of this year. The reader of the rules of health in such a book as this is forcibly reminded of Sir Thomas More's "Utopia," and realises in how many ways London falls short thereof: "the width of any street should be greater than the height of the houses in it." How many streets in London comply with this?

*A Manual of Clinical Chemistry, Microscopy and Bacteriology.* By Dr. M. Klopstock and Dr. A. Kowarsky. Translated by Thew Wright, M.D. Pp. 296 and Plates xvi. (Messrs. Rebman, Ltd.) 8s. net.

This translation of a small German handbook will be welcomed by all practitioners, for whom it is especially intended. As the authors do not wish to compete with any of the text-books, or large handbooks, no effort has been made to give elaborate descriptions of elementary points or to theorise on various details, but it is claimed that in each case the simplest method is given for each investigation, though we must protest against venesection as the best method of obtaining blood for a Widal, nor do we consider 2 c.c. necessary for the test.

The chapter on examination of stomach contents is particularly good, as is that on the fæces, which are described in much greater detail than we remember to have seen in any similar book. We do not think it necessary, however, to have described a method of obtaining the freezing point of the urine. In describing the deductions to be made from any given test, more of the possible errors should have been enumerated; *e.g.*, no mention is made of the facts that the urines of patients taking chloral and iodides respectively, reduce Fehling's solution and give the guiacum test.

Some of the plates are very good, especially those of bacterial and microscopical objects in urine, though the blood films are poor and some of the two-colour plates are carelessly printed.

# Sport.

## Rugby Football.

### GUY'S v. LENNOX.

This match was played on the Lennox ground on October 7th, in fine weather. After the kick-off, Guy's soon settled down, and within ten minutes from the start Stringer scored from a passing rush, in which most of the backs took part. Lennox attacked for a short time, and then the ball, coming well away from the scrum, was passed to McEvedy, who potted a pretty goal. Lennox were awarded a free kick for foot up, but Guy's returned to the attack, Jones and Pinching, keeping the ball well at their feet, dribbled down the ground. Then another good rush resulted in Stringer scoring, the ball again being handled by most of the Guy's backs; no goal resulted. Gibson returned well into Lennox territory after their kick-out, and the forwards carried the ball down to the line, where Milton picked up and scored. Half-time was called with Guy's a goal and 3 tries (13 points); Lennox, nil.

Lennox attacked for a short time, but a good kick by Gibson relieved the pressure. McEvedy made a good run and passed to Harrison, he gave the ball to Bennett, and the latter scored. The play was now more equal, Lennox keeping us defending. Mullins and Williams were prominent for good collaring, all the forwards more than holding their own with a heavier pack. Lennox got the ball from the scrum, and Walker had his kick charged down by Harrison, who scored an easy try; McEvedy kicked a goal. Guy's, 2 goals and 4 tries (21 points); Lennox, nil. Team:—

Guy's.—H. Gibson (back); L. B. Stringer, P. F. McEvedy, E. M. Harrison, R. Bennett (three-quarter backs); G. Schlesinger and P. Monaghan (half-backs); H. R. Mullins, W. G. Pinching, W. E. Williams, C. E. M. Jones, A. Alcock, E. R. Hind, L. Milton and W. H. Robinson (forwards).

Remarks.—Gibson, at back, kicked well, but will have to be quicker against a fit pack. Stringer used his pace well, and has improved in tackling. Bennett should learn not to hesitate. Monaghan, who played scrum half, is slow, and should get the ball more quickly to his three-quarters. Schlesinger shows promise, but wants more weight. Of the new forwards, Milton was good, especially at the line-out, whilst Hind came a good second. Robinson was disappointing.

### GUY'S v. CATFORD BRIDGE.

Quite a large crowd had come together on the Catford Bridge Ground, on October 14th, to see the Guy's and Catford game.

Soon after the kick-out, it looked as if the Guy's forwards were going to have a bad time of it, the big Catford Bridge men carrying scrum after scrum. Although they kept within a few yards of our line, they could not manage to get over, good tackling by Jones and McEvedy stopping them time after time. Guy's managed to rush the ball down the ground on two or three occasions, but never really looked like scoring. Catford scored a good try after a pretty passing rush amongst the forwards. No goal resulted, and at half-time the score was Catford one try, Guy's nil.

In the second spell the whole aspect of the game changed, and with a slight wind behind them, the Guy's forwards ran the big Catford Bridge men off their legs. The ball was heeled cleanly out of the scrum and passed to Jones, who handed on to Morgan, the latter being grassed a few yards from the line. From the resulting scrum the ball again came away, and Morgan after a good run kicked across, McEvedy picked up and Stringer scored. No goal resulted. Soon after the kick-out a good rush by the forwards enabled Alcock to score. The Guy's forwards were playing a splendid game and again heeled well, the ball was passed from Jones to Digby and he gave to Morgan who scored a beautiful try in the corner. Catford attacked after the kick-out, but Gibson relieved pressure and the forwards carried the ball down to the Catford twenty-five. Here Louisson picked up and passed to Jones, from whom McEvedy received and made a good run; he then transferred to Mullins, who passed to Stringer, the latter running in under the goal. McEvedy converted. The game ended with Guy's a goal and 3 tries (13 points) to Catford Bridge a try (3 points).

Guy's.—Gibson (back); Morgan, McEvedy, Stringer, Digby (three-quarter backs); Jones, Louisson (half-backs); Mullins, Pinching, Williams, Archer, Alcock, Hind, Smith, Milton (forwards).

Remarks.—It was a treat to see Morgan and Jones playing again. The whole team played well. Of the forwards, Williams, Archer and Pinching were the best, whilst the new forwards all worked hard.

## GUY'S v. CAMBRIDGE UNIVERSITY.

This match took place at Honor Oak Park on October 18th, in perfect weather, before about 1,200 spectators. The new stand was quite full for the first time. Cambridge kicked off, and their forwards at once settled down, and for the first ten minutes carried the scrums. The ball was heeled out to their halves, but Jones and W. Morgan at once stopped any passing. After a scrum, Digby obtained possession, and passed to Stringer, who made a good run and, when hemmed in, kicked across the ground, McEvedy gathered the ball and scored under the posts, kicking the goal himself. The Light Blues at once responded. From a midfield scrum, Young got the ball out cleanly to Roop, who, after a capital run, sent MacLeod in with a try, which Hearson failed to convert. Play for the rest of this half was evenly contested, Cambridge obtained the ball more often from the scrum, but sure tackling by McEvedy and Jones stopped any dangerous movements. Guy's forwards, when they did obtain possession, let the ball hang too long in the back rank. Half-time: Guy's, 1 goal (5 points); Cambridge, 1 try (3 points).

At the outset of the second half, Cambridge attacked, and only failed to score through bad passing. First MacLeod passed badly to Roop, and later the last-named missed a splendid chance by making a pass at Hearson's feet. After this, Guy's forwards took the ball up the field, Saunders and Pinching being prominent. Then a good run by McEvedy made an opening for Digby, the latter ran well and passed to Mullins, who scored under the posts. Again McEvedy converted. Cambridge strove hard after this to reduce the deficit, and Hosken made a splendid run down the right side, only to be pushed into touch by Gibson when a dozen yards from the line. Hearson marked, but failed to kick a goal. However, in a forward rush, the Light Blues dribbled the ball over the line, and Alexander scored; Hearson failed with a fairly easy kick. Good play by the two Morgans transferred play up the other end, and, after a series of scrummages, the game ended with Guy's, 2 goals (10 points); Cambridge University, 2 tries (6 points).

Remarks.—The marked strength of the Guy's halves, as compared with those of Cambridge, was the main cause of our win. J. P. Jones and W. Morgan were good in both attack and defence, the former might pass a little sooner, but his defence was perfect. Gibson played well at full-back; he wants to kick sooner. The three-quarters all played well, Morgan had very little chance of being able to distinguish himself. The following up and resolution of the Guy's forwards was very noticeable; though over-weighted in the scrums, they held their own well, and time after time stopped their opponents by breaking up quickly. All played well, perhaps Mullins, Pinching and Williams being the best. Team:—

Guy's.—H. G. Gibson (back); E. Morgan, W. E. Digby, P. F. McEvedy, L. B. Stringer (three-quarter backs); J. P. Jones, W. Morgan (half-backs); W. G. Pinching, S. McK. Saunders, H. Archer, W. E. Williams, A. Alcock, L. Milton, P. Smith, H. R. Mullins (forwards).

## GUY'S "A" v. LENNOX "A."

This match, played at Honor Oak Park on Saturday, October 7th, ended in an easy win for Guy's. We lost the toss and kicked off against the wind. Lennox pressed, and scored in the first ten minutes. After this Guy's got well together, and Stout got over from the line out; Reynolds converted. Just before half-time, Covelle scored a fine try under the posts, Reynolds easily converting. Half-time, 10 points to 3 points in Guy's favour.

In the second half Guy's had the whole of the game, but thanks to a good defence by Lennox, were only able to score twice through Covelle, both good tries. Palmer converted both, a good game ending in a win for Guy's by 4 goals (20 points) to 1 try (3 points). Team:—

Guy's.—E. A. Penny (back); B. H. Palmer, C. E. Lloyd, —. Covelle and —. Clure (three-quarter backs); F. Cutler and L. T. Baker (half-backs); M. E. Ball, L. L. C. Reynolds, D. Reynolds, J. Stout, E. L. Elliott, C. H. Rippmann, G. B. Cockrem and E. P. Minett (forwards).

GUY'S 2nd XV. v. CATFORD BRIDGE 2nd XV.

This match was played at Honor Oak Park on Saturday, October 14th, and resulted in a win for Guy's by 3 goals and 2 tries (21 points), to 1 try (3 points).

The following scored tries, Bennett (2), Palmer, Ball and Rippmann. Palmer converted 2, and Willan 1. Team:—

Guy's.—E. A. Penny (back); R. de C. Bennett, R. Willan, G. C. Covell, B. H. Palmer (three-quarter backs); C. E. Lloyd, P. Monaghan (half-backs); M. E. Ball, W. H. Robinson, C. Sprague, D. Reynolds, E. P. Minett, C. H. Rippmann, D. Stout and L. L. C. Reynolds (forwards).

## Association Football.

GUY'S v. EVERSLEIGH.

Surrey Senior Cup Competition (First Round).

Result: Guy's, 2; Eversleigh, 1.

This, the first match of the season, was played on the Eversleigh ground at Balham on Saturday, October 14th, in ideal weather. Guy's lost the toss, and therefore started against the wind and sun. After a short time it was clear that the Hospital were the better team, but the passing between the forwards was weak; the halves were always the chief barrier to the opposing team, and played well throughout. After fifteen minutes' play, Guy's worked the ball up to the opposing goal through the right wing, and the centre put the ball into the net. For some little time after this Eversleigh attacked vigorously, and had hard luck in not scoring. At the end of the first half Guy's were again having most of the game, and in the second half with the wind they had by far t e greater part of it, and ought to have scored more than once, but did not put enough "vim" into the game, and the passing was often wild. Ten minutes before time Eversleigh scored their goal from a good shot by the inside right. This seemed to revive the Hospital, and shortly afterwards Berry gave Witts a splendid pass, and the latter took the ball half the length of the field, past the halves and backs, and scored a very fine goal. There was no further score, and Guy's thus won.

Remarks.—Of the forwards, Berry on the outside right played splendidly and displayed his true form, outpacing the opposing half-back and sending in some good centres. The halves were never at a loss, and should be a formidable line this season. The backs at times judged badly and kicked wildly, but worked hard throughout. The season has opened well, and the team has made a good start, but more dash and better passing are essential, and this it is hoped will come with frequent practice. Wood, the goal-keeper, lost his train, so Norton filled the vacancy. Team:—

Guy's.—E. L. Norton (goal); J. L. Rankine, H. Bastard (backs); P. C. Reduck, A. F. Denning, A. Zorab (halves); A. W. Berry, C. Witts, H. Boxall, E. Barnett, G. Robertson (forwards).

GUY'S 2nd XI. v EVERSLEIGH "A."

This match was played on our ground on Saturday, October 14th. Guy's, however, turned out one short, the "man" in question not even having scratched his name off the list, but offered a good excuse. Our opponents pressed most of the first half, but Simms broke away twice, and successfully found the net on both occasions. Shortly afterwards, a dropping shot from their inside-right beat the Guy's goal-keeper.

In the second half play ruled fairly even until Munden badly misjudged his kick, and the opposing forwards rushed the ball through. The game thus ended in a draw of 2 goals each. Team:—

Guy's.—Haggerty (goal); Jones and Munden (backs); Greene, Townrow, Hole (half-backs); Barker, Mitchell, Marsh, Simms, Hickman (forwards).

NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

### Births.

SWAYNE.—On October 9th, at Mathon House, 56, St. Paul's Road, Clifton, Bristol, the wife of Walter C. Swayne, M.D., B.S. Lond., of a daughter.

TELLING.—To Dr. and Mrs. Maxwell Telling, 45, College Road, Leeds, on September 18th, a daughter.

### Marriages.

FIELD—VERNON.—On October 5th, at St. Michael's Church, Bournemouth, by the Rev. Prebendary Beresford, Vicar of Wells, assisted by the Rev. F. E. Toyne, Vicar of the Parish, and the Rev. E. G. Phipps-Eyre, George Hammond Field, M.B., B.C. Cantab., younger son of the late Abraham Field, of Croydon, to Winifred Amy, youngest daughter of the late T. Heygate Vernon, and of Mrs. Vernon, of "Bangalore," Bournemouth.

PARRETT—RAINE.—On September 28th, at the Minster, Beverley, Edward Erratt Parrett, B.A., M.R.C.S., L.R.C.P., to Martha Annie Thompson Raine, of Molescroft, Beverley, Yorkshire.

### Death.

FIELD.—On October 11th, at 8, Belmont, Bath, Ernest Field, M.D., M.R.C.S., L.R.C.P., aged 54 years.

Eds.—F. W. M. P. & H. C. C.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 454.] NOVEMBER 4, 1905. [SIXPENCE.

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## Passim.

SURELY it is a fitting season of the year for the demolition of the old Museum buildings! The old ghosts that have haunted its dark recesses for a century or more are at least being driven out into as dreary and comfortless a park as ever the museum was dreary and comfortless. The majority of us, however, have no real sense of the historic, and we confess ourselves that the feeling uppermost in our own mind is one of pure envy of the happy careless souls who sit all day long, high and lifted up, destroying old landmarks with what is probably a crowbar. To efficiently break that which took much time and labour to build, is not mentioned by Sir John Lubbock as one of the pleasures of life, but it should have been so mentioned. It is a keen and an intense pleasure, and it is a shameful thing that it should be enjoyed only by the working classes, who have not the soul properly to appreciate it. We would suggest that the demolition of the next old and important building be carried out entirely by picked intellects—preferably drawn from among the staff—and that these shall apply both pick and crowbar with fitting solemnity, while the most precious brass band obtainable shall play impressive music, to be freely punctuated by the beating of a drum.

WE suppose that Clinical will be the next to disappear. Repairs, there, are so rigidly refrained from, that we are told on the best authority that it may fall at any moment. No doubt the directions as to what is to be done should this occur are as clear and concise as are those which are to be followed should an outbreak of fire occur, but the same authority who spoke of Clinical's crumbling condition also said that little could be done if "once the building was on the run." We spoke in our last issue of the relics from the old Museum. In Clinical, also, there are many relics of great antiquity and peculiar interest. How many Guy's men have seen the old doors with peep-holes cunningly wrought in their woodwork, through which the inquisitive physicians might safely see the lunatics at play? These things are managed much better nowadays, of course, and though there are in Clinical at the present time several mental cases, nevertheless the same precautions are not taken for the safety of the physicians.

WE regret to announce that at the meeting of the Committee of the Students' Club, held on Tuesday last, Dr. Hale White resigned the treasurership of the Club, a post which he has held for the past few years. We once had the privilege of conversing with one who

did not know the difference between the committee of the Students' Club and that of the Clubs' Union, and, though in all probability such ignorance is as unique as it is colossal, it is unfortunately true that to the vast majority of men the committee of the Students' Club is a mere name and their doings of no interest. In addition to this deplorable lack of *esprit de corps* in matters appertaining to the business of the Club, the state of financial depression, through which the Clubs' Union has been, and still is passing, must have made the work of the late treasurer particularly thankless and unsatisfactory. This being so, we feel that the Club owes Dr. Hale White its very hearty thanks for the able and untiring way in which he has managed its affairs, and while there is room for much regret that the small attendance at last Tuesday's meeting (there were precisely six men present) made the expression of thanks somewhat less general than it should have been, we feel, nevertheless, that all will agree with our thus expressing what must be the general feeling in the matter, and regretting that through the slackness of the Club's members so valuable a treasurer should have been allowed so uneventful a resignation.

It is an old lament that the meetings of the Students' Club are but poorly attended, and yet the condition of affairs in at least one department of the Club's manifold activities was probably never less satisfactory than it is at present. The reticence that we feel in speaking thus publicly of matters gastronomic, is surely largely a foolish conventionality. If to speak of the soul is forbidden us by many an unwritten law, then at least let us discourse on he stomach, or else have done with introspection altogether. Upon this painful topic, however, we will endeavour to be brief but incisive. The catering in the college dining-hall is in the main as unsatisfactory as it ever was, and more so; in addition to this, there are those who affirm, with some truth, that it is getting worse. To get a dish that is palatable (and residents have not jaded appetites) is an event of some rarity, while to get a dish that is hot is almost unknown. The suggestion that has been made several times at general meetings of the Students Club, namely, that the menu should be more comprehensive, is possibly pecuniarily impracticable, but that the cooking of what little there is should be entirely satisfactory should not be in any way impracticable, and that is the chief complaint at present. The waiting, moreover, is most unbusinesslike. For one or two competent waitresses, there are a small army of the variable and the consistently incompetent, and the annoyance of having to wait for appreciable intervals for two or three separate items which should properly be served together, is a daily occurrence with many a member.

We recommend these remarks to the various committee-men of the Student's Club. We believe that committee-men have in the past been known to show some enthusiasm for high culinary ideals. Let them try in this case also a little judicious stimulation of the powers that be, either directly or through the medium of the honorary secretary, a gentleman whose palate should rapidly be becoming more attuned to the niceties of a perfect diet. This seems to be the most probable way of producing a change for the better in the existing order of things, and certainly on the face of it it is more hopeful for the general weal than is the practice of dining out, which has been much in vogue of late. We are sure that the steward himself is always willing to do what he can to meet definite objections, but unless they are put forward specifically he can do but little.

We have been asked to announce the Residents Annual Dance, which is due to take place on Wednesday, November 22nd. We hear on the best authority that many of our Sisters have expressed their intention of being present, and of joining in the dancing, and we have no doubt that this occasion this year will be as successful as it has ever been hitherto. The only suggestion we should like to make is that more facilities should be afforded for mere onlookers, lest the humorous side of the affair be altogether lost. We are sure that any who might feel inclined to be in the revel, but not of it, would keep their merriment well within the bounds of decency, and, if a polite caricaturist were among their number, readers of the Gazette would never

regret the courtesy of the residents which made some discreet sketch possible.

THE inquiry, instituted at the instance of the British Medical Association, as ratepayers of the London County Council, into "certain repayments made by the London County Council to Mr. John Troutbeck, Coroner for the City of Westminster and South-Western London, for fees paid to Dr. L. Freyberger, pathologist," has been adjourned until November 21st, and the lovers and friends of the worthy brothers-in-law, Messrs. Troutbeck and Freyberger, will have to possess their souls in patience until this date. We have before in these columns expressed our opinion on the manner in which Dr. Freyberger has had a virtual monopoly of the post-mortem work in Mr. Troutbeck's district, and the statements of Mr. Bodkin, who represented the Association, must epitomize the views of all those who have the cause of fair play for the local general practitioners in these two districts at all at heart.

"MEDICAL MEN," said Mr. Bodkin, "were gentlemen of skill and knowledge, and if the eight or ten coroners in all the other parts of London were satisfied with their services, what was there in the particular districts of Westminster and South-Western London which attracted all those persons who wished to die a death of a mysterious character, and under circumstances which required a very considerable investigation, and required, not the ordinary skill of the ordinary medical man, but the special skill of the special pathologist? In the year under audit, no less a sum than £1,098 was paid to Dr. Freyberger, and for the twenty-two months (under review) £1,767. Could figures be stronger to prove that the employment of Dr. Freyberger was, in fact, a special appointment for cases arising in Westminster and South-West London?" (Vide *Standard*.)

FAR be it from us to comment in any way upon the probable decision in this adjourned inquiry. It would be hypocrisy on our part, however, to pretend that our sympathies were not entirely with the British Medical Association and for the cause which they champion, and we will only permit ourselves a hope, that the peculiar subtleties of the legal mi ndmay not in any way affect the utter equity of the ultimate decision.

WE have been asked to announce that Boxing, Fencing and Gymnastic Classes are being held in the Pavy Gymnasium, which all members of the Clubs' Union are entitled to attend free. Also that an Assault-at-Arms will take place in the near future, which will be on as grand a scale as that of last winter session, and at which all the old favourites, including the oldest, are likely to appear. The classes will commence on October 30th, and will be held from 4 to 6 p.m. Boxing on Thursdays, Fencing on Tuesdays, and Gymnastics on Fridays.

THE authorship of the collection of poems, "Cerebral Lesions," which we mentioned in our last number, is not, as we had thought, enveloped in mystery. We have had several letters from correspondents which place the authorship beyond doubt. The first two poems, "An Interlude," and "An Epilogue," were written by Leonard Braddon, who recited the latter at the Out-Patients' Christmas Tea in 1885. The third and last poem, "The Effusion Following: or, Wa(l)ter on the Brain," was practically an impromptu effort on Dr. Moxon's part. Speaking of the nurses, the latter objected to Braddon's having laid too much stress on the woman and too little on the nurse.

"But it sounded almost like frivolity
That talking of 'deep Heaven's sweet blue,'
'Their eyes are windows that all men look through.'
For what our nurses have to do
Is not to show such 'bits of blue,'
Or equally celestial brown
(The colour of the sky in town),
But to take care the patient's fed
And comfortable in his bed.
It doesn't matter what the fire is
Lights up the Lady Pupil's *iris;*
She comes to soothe material woes . . ."

Or again:—

"Not worthy of the least attention,
Those meaner beauties which the tribe
Of amorous poets can describe:
The quite amazing working power
That does a day's work in an hour:
The eye that nothing can escape,
That's death on germs of every shape;
The kind of eye you don't look through,
The eye that rather looks through you,
And looks not there for heavenly blue,
Nor cares for blue or brown the shade of,
But just to see what earth you're made of."

What uninteresting women! We have always heard that the nurses of our day are a great improvement on those of twenty years ago.

# Membranous Colitis.

CLINICAL LECTURE BY DR. W. HALE WHITE,

October 18th, 1905.

GENTLEMEN,—To-day we will consider a case which I hope will prove of some interest to you. It is that of a woman 49 years old. She is married, and says she has been constipated very many years. She has pain in the abdomen, at times very bad indeed; so severe is it that she has to go to bed. A year ago she passed some blood from the rectum, and she also tells us that almost always when the bowels are opened she passes long, opaque white casts of the interior of the bowel—tubes, as she calls them; skins, as some people term them. She says that sometimes they are a foot long. Occasionally, but very rarely, she has diarrhœa. While talking about herself, she told me she considered she was a mass of nerves, that she was an extremely neurotic woman. She also told me she had seen many ladies' doctors; she had evidently been much in the hands of obstetricians, and she was wearing a pessary when I saw her. On further conversation, she said that sometimes when the bowels were opened she passed a large amount of what she called sand. I examined her, and found nothing wrong in the chest, and the rectum appeared perfectly healthy. The abdomen was distinctly tender all round the situation of the large intestine, but otherwise it seemed perfectly natural. Her tongue was furred with a white fur.

Perhaps the best way will be to merely take this case as one upon which to found a description of the disease known as membranous colitis. It is a definite disease; our patient had very considerable pain, and she passed these huge casts by the bowel. I must first get you to understand what these casts are. They are masses of coagulated mucus which form on the interior of the bowel, and are passed as casts of it. They may be a foot or more long, and may be complete casts of the bowel, or they may be in little pieces. If the latter, they may have only been formed as little pieces, or they may have been casts which became broken up as they passed down the bowel. These casts are not uncommon. I have brought a number for you to see. They were all picked out of one motion, and there is a good deal of fæcal matter still adhering to them. Under the microscope you will see that these casts are quite structureless, and that adhering to them are a few epithelial cells which have been dragged off from the mucous membrane of the intestine; sometimes the epithelium of a whole follicle can be seen attached to the membrane, and occasionally a few blood cells; very often there are a number of bacteria, and frequently pieces of fæces and undigested food. The disease is given many names in the books. Sometimes it is called mucous colic, sometimes glairy enteritis, sometimes glutinous diarrhœa (a bad name, because the patients are almost always constipated); sometimes tubular diarrhœa (also a bad name, for the same reason); sometimes mucous infection of the intestine, and sometimes intestinal croup. The ideal name would be muco-membranous entero-colitis, but that is rather a mouthful. Still, you will see why that would be an ideal name. The mucus comes from the mucous membrane, and, occasionally, in severe cases, the small intestine is affected as well as the large, so that it is an entero-colitis. And before telling you the symptoms of this disease, I should point out that other membranes are sometimes passed by the bowel. You may get the sloughs of typhoid fever passed, and in certain diseases there is a tendency for colitis to take place with a necrosis of the superficial layers of the interior of the bowel, and thus membranes are passed. For instance, such membranes may be passed in pneumonia occasionally, in septicæmia, and in poisoning by mercury; sometimes even after injury. And we have found them in the post-mortem room after both Bright's disease and diabetes. In all those cases it is essential for you to remember that it is a superficial slough, so to speak; it is part of the mucous membrane itself which is passed. In membranous colitis no mucous membrane is passed, merely coagulated mucus.

Another point which it is important to remember is, that not all cases in which coagulated mucus is passed are worthy of being

dignified by the name of membranous colitis, for often people who are constipated pass a little mucus rolled up into a mass; it is probably an extra secretion of mucus caused by the constipation. It is no uncommon thing for otherwise healthy people, who have been constipated for a few days, to pass a few white shreds with the hard fæces; but those are not worthy of the name of membranous colitis. Again, sometimes an excess of mucus is passed by people who have severe intestinal lesions, for instance in dysentery. And, lastly, do not think that because we call this disease membranous colitis we necessarily imply that there is any inflammation of the colon. I think it is very doubtful whether there is any inflammation; the disease is probably a disorder of secretion, and as a result of that this excess of mucus is passed. Nevertheless, the disease is commonly called membranous colitis.

I will now tell you something about the kind of people who suffer from this disease. You do not often see it among hospital patients. From time to time people are sent in here who are said to be suffering from the disease, but nearly always, after we have had them in the ward for a little while, we find that they are not examples in point. They are people who have had indigestion and are constipated; but an aperient cures them and they go out much better. Membranous colitis, like some other conditions, is commoner among the middle and upper classes than among hospital patients. Why that should be I do not know.

Another striking characteristic of the disease is, that it is very much more common in women than in men. Many collections of cases have been made, and the proportion is about five women to one man. If you analyse a number of cases you will find it is a disease which occurs at particular periods of life. It is often extremely difficult to know the date of onset of this disease, because the patients have had the trouble for some time before they see you. But I took a number of cases, and found that there was one patient who, when I first saw her, was under 10; there were none between 10 and 20 years; ten between 20 and 30; twenty-two between 30 and 40; seventeen between 40 and 50; four between 50 and 60; three between 60 and 70; and two between 70 and 80. So you see that in the fifty-nine cases there mentioned, forty-nine were between 20 and 50. So it is clearly a disease affecting young adults, or those in early middle life, and everyone who has collected a series of cases has found the same, namely, that you are most likely to meet with the disease in the upper and middle classes at about the age of 30.

That makes it worth while to consider a little those cases which come on later in life, to see whether there is anything special about them. Of the cases just mentioned you will have noticed there were nine over 50 years of age. Of these nine the interesting point came out that seven had some unusual association with their membranous colitis. For instance, one of them was a man who was ordered over here on account of some tropical illness, but we never found out what it was. He was very ill and wasted when he arrived here. He was passing large mucous casts like those I show you, and he died shortly after arrival. Another person, who was over 50, was an extremely fat woman, and she passed membranes; this bottle contains about half the membranes which were in one motion. She was unusual in this association; she suffered very severely from attacks of syncope, probably due to her heart being fatty. At any rate, she very nearly died in several of these attacks. Two of these people who were elderly owed their membranous colitis to an abscess in the abdomen which burst into the bowel. One was an appendix abscess, and another was a pelvic abscess, and three of them had malignant disease of the bowel. They were very striking cases. One was that of a man who had malignant disease of his sigmoid flexure; you could feel the mass when you put your hand on the abdomen, and he was very interesting in another way. His doctor showed me a large piece of growth, as large as the terminal joint of my thumb, which this man had passed per rectum; and three times I have known people with malignant disease of the bowel pass masses of growth by the rectum. The growth becomes pedunculated, a piece breaks off and is passed by the bowel. The cases just related show that when elderly subjects suffer from membranous colitis, the disease is generally unusual in some association.

As we have just been detailing some statistics of the disease, this is a good opportunity to discuss the prognosis. Of the sixty cases which I followed up, eight were known to have been fatal; but you will see, when I tell you the cause of their death, that not a single one of the eight owed death to the actual membranous colitis. Four of the eight died from malignant disease of the bowel; one was the man who came from the tropics and had some obscure disease which we never cleared up. One died from the rupture of a pelvic abscess into the peritoneal cavity. One died of malignant disease of the breast, and one became insane. So you learn this very interesting fact, that out of sixty, eight died, but not a single one of them died from membranous colitis, a most important fact to learn, because you now know that membranous colitis rarely, if ever, kills.

Another very important clinical point that comes out from this analysis is, that of the eight cases which died, four had malignant disease of the bowel. You now learn that whenever you see a case of membranous colitis it is your duty to examine most carefully to see whether the patient has malignant disease of the bowel. Not many years ago there was in the hospital a patient of Dr. Pye-Smith's who passed large quantities of membranes. At the post-mortem a malignant growth of the bowel was found, and so there was ocular demonstration of the fact that membranous colitis may be associated with malignant disease of the bowel. That is a matter of very considerable importance, as shown by a case which I remember well. It was that of a middle-aged man who had had various dyspeptic symptoms, such as pain in the stomach and flatulence, and he passed quantities of these membranes. He went to two or three doctors, and when they heard that he passed membranes, they assured him there was no organic disease, and he was looked upon as a neurotic dyspeptic. Fortunately for me, when I saw him, his pain was so very severe and localised that he did not at all give the impression of being a neurotic individual, and that led his doctor and myself to examine him very carefully. We were then able to detect that he had a lump in the abdomen. Next day the lump was explored, and it was found to be a large mass of malignant disease.

I have told you that eight out of the sixty died; and I have tried to trace the remaining fifty-two. I found that 53 per cent. got well; 10 per cent. were very much improved, and 37 per cent. did not get well. This is a more gloomy prognosis than is usually given in books, but many of the people whom I saw were exceptionally severe cases and had not sought a second opinion until a last resource. So that to say that only 53 per cent. of the cases got well, unduly exaggerates the gloominess of the outlook.

One noteworthy fact is shown on looking through these cases, namely, that of the 37 per cent. which, although not fatal, did not get well, every one of them was a woman. So the disease is not only more common in women than in men, but it is also more severe, because every male subject of it got well or died from some other malady than membranous colitis. It also came out from these figures that age does not in any way affect the prognosis.

Another striking point to bear in mind is, that all the cases which did not recover had had the disease for many years, and hence the great importance of early recognition and treatment.

You now naturally want to know something about the symptoms. In the first place, as the disease is membranous colitis, it is clear that the characteristic of it is the passage of these membranes such as I have handed round. I have already described them to you, and I may add that if the mucus is passed very soon after it is secreted, you see it not in the form of a membrane, but as masses of mucus associated with the fæces. These patients are almost invariably constipated, and sometimes the constipation is extremely severe. Occasionally diarrhœa is complained of, but if you enquire you will find it is the kind of diarrhœa associated with constipation; there is a large amount of fæces in the bowel, which sets up some irritation; a little diarrhœa occurs, but the bowel is never properly emptied. When the disease is very severe, there may be a fair

amount of blood in the motions, but this is not generally present. Often the motions are extremely foul, though why that should be I do not know. And a most extraordinary thing about these motions is, that they sometimes contain a large amount of sand. It is difficult to tell you how many of the women who have this disease pass this sand, because often it is not looked for. But there was one woman who described herself as a gravel pit. That shows that she must have passed a large amount of sand. I have known women pass three or four teaspoonfuls of it every day. I have brought specimens of the sand to show you, and pass them round, so that you may recognise it when you see it. It is a greyish, reddish colour, not quite so red a colour as the uric acid which people pass in the urine. The colour, of course, depends to some extent on the admixture of fæces with the sand. This sand is almost entirely phosphate of lime, except, of course, organic matter. Usually there is somewhere between 72 per cent. and 22 per cent. of organic matter. The other constituents are so minute in amount that, for all practical purposes, the inorganic matter is entirely phosphate of lime. It is important to remember that several cases have been recorded in which at first sight it would be easy to have made a mistake, and to have said that the patients have passed true sand when they have not. If people eat pears, minute fragments of undigested vegetable matter from the pear are passed and look very like the sand which is composed of phosphate of lime. But if you put them under the microscope you can see the nature of them. Sir Dyce Duckworth and Dr. A. E. Garrod published in the Medico Chirurgical Transactions for 1901 (vol. 84) a paper on this subject, and there you will see an excellent plate showing the difference between true intestinal sand composed of phosphate of lime, which probably is only passed by patients suffering from membranous colitis, and the sand of vegetable origin which is best seen in those who have eaten pears. These authors point out that the "microscopic appearance of pear sand is very characteristic. When examined under a low power, the granules appear as if studded with projecting crystals, and after the removal of any inorganic incrustation by an acid they are seen to be composed of woody cells." It is well known that a large part of the excretion of calcium from the body takes place by the intestinal mucous membrane, but what the abnormal process is that leads to its appearance as sand in some cases of membranous colitis, we do not know.

Sufferers from membranous colitis also almost invariably complain of pain. They have two kinds of pain. There is a dull and more or less constant pain felt all over the abdomen; and, in addition, there are very severe paroxysms of pain, which are usually associated with a desire to have the bowels opened; and they often cease when the bowels have been opened. I have known a woman faint on account of the severity of the pain, and I knew another woman who never dare go to the water-closet without previously taking an injection of morphia.

Your patient describes to you the motions and her pain, and then you examine her. You first examine the abdomen, and usually you find it somewhat tender all along the ascending, transverse, and descending colon. Often when you examine the sigmoid, you will find it thickened, and it rolls about under your hand. I think that this feeling must be due to the fact that the sigmoid is contracted, because at the time the post-mortem is made, if the patients happen to die of something else, you do not find any actual disease of the sigmoid itself. You continue your examination; you look at the tongue and find it furred, as in most cases of disease of the large bowel; but the fur is white, almost as white as a sheet of notepaper. The subjects of this disease always suffer more or less from flatulence, and they have a very bad appetite. Often they have thought to diminish their trouble by dieting themselves; they knock off one article of diet and then another, under the impression that their symptoms are due to it, so that by the time you see them they are often half-starved; they have become valetudinarians, and it is very difficult to get them to take any food at all. They are distinctly neurotic, they suffer from indigestion, and by going without first one article of diet and then another they become severely

ill, extremely miserable, neurotic, dyspeptic, and introspective, describing minutely to you their motions, and, one might almost say, living upon the expectation of the next motion arriving. Further, there is no doubt some of them suffer, as the French have pointed out, from enteroptosis, but I do not think so many suffer from this as some authors lead us to suppose. Out of sixty people there was general proptosis of the viscera in three, and, in addition, the kidney was moveable in five. Probably my figures are too low, because the majority of the people I saw I only saw once. Still, they show that the abdominal viscera are likely to be loosened in this disease. The reason for this is not wholly clear.

Another very important point is this. Everybody who has thought about or troubled to observe the disease is agreed that for some reason, which I have no knowledge of at all, it is frequently associated with disease of the pelvic viscera. You will remember the case I have narrated to you, who had seen many obstetricians, and who was wearing a pessary at the time I saw her. Out of fifty-one female cases, no fewer than twenty-one had some disease of the pelvic viscera. I have here a table of the twenty-one cases of females who had disorders of their generative organs associated with membranous colitis. I will pick out a few to show you the sort of thing which occurs. One had uterine prolapse; another a good deal of matting and thickening in the pelvis, and a history of membranous dysmenorrhœa. A third suffered from several attacks of pelvic cellulitis; another had had severe membranous dysmenorrhœa for years; and another had had double ovariotomy performed. Four of the twenty-one cases had membranous dysmenorrhœa. The most interesting disease from which these women suffer is membranous dysmenorrhœa. I do not understand the association, because you will remember that in membranous dysmenorrhœa the membrane passed is part of the lining membrane of the uterine cavity; but in membranous colitis the membrane passed is coagulated mucus. But there is no doubt about the association of the two diseases in the same patient.

There is another association which is interesting. This disease is certainly sometimes associated with disease of the appendix; and I particularly want you to remember that there are two varieties of this association. It may be that the membranous colitis is a complication of an ordinary appendicitis. Two cases in this series are instances of that. The appendicitis was severe, and there was a large tumour in one of them, and an abscess formed. The removal of the appendix cured the membranous colitis, and I think we are justified in assuming that the membranous colitis was dependent upon the appendicitis. There is another group of cases in which the symptoms of disease of the appendix are slight, and the appendix is probably the seat of the same abnormal secretion of mucus as occurs in the large intestine. In those cases removal of the appendix will not do any good at all; but if you can cure the membranous colitis you will cure the trouble in the appendix at the same time. So when you have appendicitis associated with membranous colitis you must make up your mind whether you believe the appendicitis is causing colitis or whether it is merely part of the membranous colitis, and treat it accordingly.

I have told you that these people are neurasthenic, nervous, hypochondriacal individuals. Many people, therefore, think that membranous colitis should be regarded as a functional disease of the nervous system, and that one of the symptoms of the disordered nervous system is hypersecretion of mucus from the colon, and they point out that the sex of the patient is in favour of this view, but against it are the following facts. Membranous colitis may be associated with malignant disease of the bowel; it may be, as I have told you, associated with appendicitis, it is frequently dependent upon constipation, and all the treatment which is successful is treatment which at the same time cures the constipation. These facts seem to suggest that the disease is a local one of the bowel, and that the many nervous symptoms are superadded.

The last point I have to discuss with you is the treatment. And that, fortunately, is very simple, although not always successful. In the first place, you are far more likely to be able to

cure your patient if you see her early in the course of the disease. The difficulty of treating a case is greater in proportion as the patient has been ill long. All successful treatment of it depends upon keeping the large bowel empty. You will remember that almost all the patients are constipated. The simplest way of keeping the large bowel empty is by means of aperients, and the best for this disease, experience shows. is castor oil. A large proportion of cases seen early can be cured permanently by giving them castor oil. If, as often is the case, the patient wakes about five o'clock in the morning, and then drops to sleep again, that is a good time to take the castor oil, because by breakfast time the disagreeable taste has passed off, and the bowels are well opened after breakfast. If the patient is not in the habit of waking about five, she can take the oil at night. It does not matter how they take it; some like it with peppermint, others with coffee; and as a rule they require somewhere between half an ounce and an ounce at a time. This treatment may be completely successful if persevered in for some weeks; it leads to a full evacuation of the bowels, the passage of membrane slowly ceases, constipation disappears, and the patient feels quite another person. Very often it is so successful, patients feel so much better, that they do not care to risk giving up the castor oil. I have known people take castor oil regularly every morning for years. I know a woman who has now taken it for several years. She feels so thankful to the castor oil plant that she has planted a good deal of it in her garden. Some people cannot take castor oil; it nauseates them. The next best aperient is either sulphate of magnesium, sulphate of sodium, or phosphate of sodium. Half an ounce on rising in the morning will usually result in the bowels being well opened after breakfast Most patients can take one of the foregoing, but where that is not so, you can give calomel over night.

Some cases are so severe that this simple treatment does not benefit them, and then there are two courses open. One is to wash out the large bowel. You can wash it out with plain water every morning, using two or three pints at a temperature of 100° F. See that the tube passes well up into the first part of the rectum, or even the sigmoid, and wash out with the funnel held above the bed. Somehow, although washing out at home may effect a cure, it is not usually so successful as when done at one of the health resorts, such as Plombières, devoted to the treatment of membranous colitis.

Before leaving the medical treatment, let me tell you to impress on the patients that they must not expect to be cured at once. I have known people take castor oil regularly for many weeks before benefit set in; then the pain got less, membranes disappeared, and then they ultimately got well.

Should none of these medical treatments cure your patient, in a very few instances you may have recourse to surgery. The ideal operation would be to short-circuit from the lower part of the ileum to the first part of the rectum, and that has been done with success. But it might be that when the patient is so bad that all medical means have failed, the disease extends low down into the rectum, and by short-circuiting you do not get completely beyond it. Still, in certain cases I should be willing to try this operation. Another operation is to do a right-sided colotomy. Mr. Golding-Bird has done this on patients of mine; one I remember well improved so strikingly that we had great difficulty two or three years later in persuading her to have the artificial anus closed. And when you think of the misery of an artificial anus in a person who is standing all day (she was a bar-maid), you can imagine how much better she felt for her not to want the artificial anus closed. The great objection to a right-sided colotomy is that the passage of fæces through the artificial anus is difficult to control, as they are so fluid. If you do not succeed, the patient's condition is terrible. I have seen an area extending nearly all over the side of the abdomen with the skin red, angry and inflamed, because of the irritating fluid fæces passing over it after a right-sided colotomy. Since I have had a case of membranous colitis requiring operation, an ingenious valvular colotomy opening has been devised by Dr. Gibson, of America. He makes a valve which is so arranged that the fæces are unable to escape, and their pressure in attempting to

escape forces closer together the edges of the aperture. I have no experience of it.

It now only remains to say a few words about diet. There are two schools. One says give the patients a quantity of indigestible fibre, such as cabbage and lettuce, for that will produce a fæcal mass which will scour the large bowel. The other school says, "Don't give anything of that sort, give very easily-digested food, so that you will not irritate the large bowel." Each school claims triumphant successes, so probably the right attitude is the middle path. Diet does not make very much difference according to my own experience. The best food for this disease is ordinary plain simple food, such as we should take to keep ourselves in health.

# THE HOSPITAL APPEAL.

### Fifteenth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 53,822 | 6 | 0 |
| G. H. B. Caldwell, Esq. ... ... ... | 10 | 0 | 0 |
| The Hon. Mrs. Farquhar (further collection) | 3 | 10 | 0 |
| | 53,835 | 16 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 1st inst.) ... ... ... | 42 | 0 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £53,877 | 16 | 0 |

## Notice.

ARMY MEDICAL SERVICE.

An examination of candidates for not less than forty Commissions in the Royal Army Medical Corps will be held on the 26th January, 1906, and following days.

Applications to compete should be made to the Secretary, War Office, 68, Victoria Street, London, S.W., not later than 16th January, on which date the list will be closed.

Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after 1st October, 1899, that they could reckon towards retired pay and gratuity, if such deduction will bring them within the age limit.

The presence of candidates will be required in London from the 24th January.

War Office, 30th October, 1905.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

### Fifteenth List of Collections.

(Received up to Wednesday, November 1st, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 66,114½ |
| Aitken, Miss (54s.)—Mrs. J. B. Brunner ... ... | 10 |
| Anonymous ... ... ... ... ... ... | 100 |
| Anonymous ... ... ... ... ... ... | 2 |
| Astley-Cooper, Sister (152s.)—Collected by Miss Easton ... ... ... ... ... ... | 25 |
| Bedwell, Miss L. (30s.)—A. Siggs ... ... ... | 20 |
| Chatfield, Miss G.—Mrs. Lees ... ... ... | 20 |
| Cock, Dr. John—Miss Yarde, 1; M. F. Martin, 2; Mrs. G. T. Cock, 1; Miss Langworthy, 1; Mrs. Welbury Mitton, 1; Miss J. S. Dewdney 1 ... | 7 |
| Coulson, Miss (5s.)—Thomas Buckland ... ... | 42 |
| Eames, Miss R. C. ... ... ... ... ... | 1 |
| Edgecumbe, Miss M. (1447s.)—Miss Alice C. Douglass ... ... ... ... ... ... | 10 |
| Evans, H. H.—C. T. Fricker, 1; Evan Williams, 1; Dr. T. E. Lloyd, 1 ... ... ... ... | 3 |
| Golding-Bird, Mrs. (570½s.)—Further collection... | 21½ |
| Kirkby, Dr. R. C. (20s.)—Collected by Mrs. Yeates | 10 |
| Lindsay, Dr. W. J.—Miss Westcott ... ... | 20 |
| Prickett, Miss (67s.)—The Hon. Mrs. Cropper ... | 10 |
| Rendall, Dr. William—Mrs. W. Rendall ... ... | 23 |
| Richardson, Miss (12s.)—Mrs. Drake ... ... | 5 |
| Rippmann, C. H. (152s.)—W. D. G., 3½; A. S., 5; M. W., 7 ... ... ... ... ... ... | 15½ |
| Scott, Miss F. L. (21s.)—Collection ... .. | 10 |
| | 66,469½ |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 485 |
| TOTAL (up to 1st inst.) | 66,954½ |

## Guy's Physiological Society.

THE opening meeting of the Society was held on Tuesday, October 31st, Dr. Pembrey in the chair, when a most interesting paper was read by Mr. W. A. Hibbert on "Crime and the Criminal." The paper was followed by an interesting discussion. About sixty members were present.

R. A. RANKINE, Hon. Sec. and Treasurer.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## "The Contemporaries' Club."

DEAR SIR,—It is proposed to hold the next annual dinner of this club on Saturday, November 25th, at seven o'clock, at the Trocadero Restaurant. We should like to call attention, through the medium of your columns, to the constitution of the club, for the information of any who have not yet availed themselves of the opportunity of meeting their fellow-Contemporaries at this, the only function of the club.

We feel that as the years pass by, the importance of such an institution as a year-club becomes more and more apparent, not only from a patriotic standpoint, but also from that of good-fellowship; for patriotism and good-fellowship, without some such stimulus, are notoriously prone to lapse into apathy.

The Contemporaries' Club was founded in the year 1897, and includes in its membership—(1) All those Guy's men who entered the hospital as full medical students in the years ending October 31st, 1893 and 1894. (2) Those who entered the hospital from the various Universities as second or third year students in the years ending October 31st, 1895 and 1896. (3) Certain others who by general desire were elected recently by ballot. The objects of the club may be briefly stated as follows:—Firstly, to provide an opportunity for social intercourse; secondly, to assist in upholding the traditions and interests of Guy's Hospital; and, thirdly, to afford mutual assistance in professional matters, should occasion arise. With a view to obtaining the attendance of as large a number of members as possible at the annual dinner, it was decided, on the occasion of the last meeting, to supply from time to time to every member of the club a complete printed list of names and addresses of members, as far as may be possible. The dinner in future will always be held in the late autumn, due notice being given to every member. The cost of the same will be *seven shillings and sixpence, exclusive of wine*, instead of one guinea, wine included, as hitherto; and we would earnestly beg all intending diners to give notice of their intention to be present on or before Thursday, November 23rd. We would further urge every member to use his utmost endeavour with any personal friends in his neighbourhood to secure their attendance at the dinner. Should any member fail to receive the official intimation of the same, we trust that such accident will not prevent his attendance. Such intimation is invariably sent by us, but unfortunately the addresses of members are frequently changed, and many are to be found neither in the Hospital Blue Book nor in the Medical Directory.

LAWRIE McGAVIN,<br>ERNEST B. DOWSETT, } Hon. Secs.

## Cerebral Lesions.

DEAR SIR,—I see in your issue of October 21st that you have failed to discover the author of the verses entitled "Cerebral Lesions." May I be permitted to enlighten you, as one who knew the author of the lines you quote, and was present in Philip at the ward concert at Christmastime, 1885, when the verses were recited?

The author was W. Leonard Braddon, and the rejoinder commencing

"Would anyone that's here refuse<br>To stand to-night in Braddon's shoes?"

which was recited or read at the same concert, and is printed in the same little pamphlet, was written by the late Dr. Moxon.

It may interest you to know that Braddon was the first editor of the GAZETTE in its present form. As you doubtless know, the GAZETTE underwent a long period of suspended animation in consequence of the part it took in the Great Guy's Row in the late seventies, and the first number of the new issue appeared on January 8th, 1887. If you look up that number you will find a preface in Braddon's characteristic style and a poem in memory of Dr. Moxon from, I believe, the same pen.

What an undertaking it was getting out that first number of the GAZETTE! I notice editors nowadays have a grumble sometimes at their hard work, but when it comes to having to do everything to start a paper afresh—to whip up funds to start it, subscribers, advertisements, contributors, to settle the size and shape and price and frequency of issue, and a thousand other details—then, indeed, you would have to spend a many hours after midnight getting through the work. The old H.-S.'s sitting room, over the dressers' room, through the front surgery, saw much late work and much 'baccy smoked, and many tankards from "The Ship" in the good cause. But it was truly a labour of love, and our then somewhat despised little paper has grown up to be a power in the land. Have I not seen the GUY'S HOSPITAL GAZETTE quoted in the pages of the *Daily Mail!* However, I have rambled away from the original point of this letter, for which I trust you will forgive me. When we middle-aged ones get on to reminiscences there is no knowing when we stop. So I will only say, "Here's luck to 'Lucy' Braddon, wherever he may be."

—Yours truly, SENIOR H.-S. IN 1886.

Croydon, October 25th, 1905.

Want of space compels us to hold over several letters on this and another subject.—[ED.]

# Papers by Guy's Men.

Diphtheroid Organisms in the Throats of the Insane. By J. W. H. Eyre, M.D., F.R.S. Ed., and J. F. Flashman, M.D.—*British Medical Journal*, 28th October, 1905.

The Influence of Certain Micro-Organisms on the Cellular Constituents of the Red Bone Marrow. By Cecil Price-Jones, M.B.—*Ibid.*

# Guy's Hospital Dental Society.

## PRESIDENTIAL ADDRESS

By Mr. Montagu F. Hopson, October 20th, 1905.

Gentlemen,—Seven years ago the members of this Society did me the honour of electing me their President, and now you have been good enough to increase the extent of the obligation I then incurred by re-electing me to that same office. This double debt I cannot hope to fully discharge, but custom demands that an instalment should be paid forthwith in the form of an inaugural address. From an old copy of the Gazette I find that on the previous occasion I dwelt at some length on the past dental history of this hospital. That is a course, however, which I do not propose to pursue further to-day. At our last Biennial Dinner Mr. Arbuthnot Lane, in a very characteristic speech, which followed others possessed of some historical flavour, said that he personally was sick of the past. What could the past do for him? He was concerned more with the present and the future. I, too, would endeavour to direct your attention and to enlist your interest in one or two matters which appear to me to be of more immediate importance. Those of us who have had the privilege of being pupils of Mr. Lane, know quite well the interpretation to be put upon those words of his which I have just quoted. We are with perfect justification sick of the past when we find it hampering us in the present. How important, then, is to-day, seeing that, whether we like it or not, to-morrow, to-day will be yesterday, and that we are continuously contributing to a past, not only for others to pass in review, but in the results and influences of which they must necessarily share as well as ourselves. "The present is a potent divinity," says Goethe, "learn to acquaint thyself of her power."

"Yesterday, *this* day's madness did prepare;
To-morrow's silence, triumph, or despair,"

wrote Omar, but I do not commend you on that account to

"Drink! for you know not whence you came, nor why:
Drink! for you know not why you go, nor where."

At the present time there seems to me to be a tendency, I will not say to over-praise what is known as the "practical man," but to set too much store upon the possession of mere manipulative ability. In other words, we, in our small speciality of dental surgery, are somewhat over-specialising in one particular branch of our work, to the neglect of others surely equally important.

"The student is strongly advised to spend as much time as possible in learning to become an expert operator, for the daily work of his profession is chiefly manipulative, and the best manipulators and mechanicians make the most successful Dental Surgeons." That is a paragraph taken from page 41 of this year's Buff Book. Sometimes when I look around me I almost wish that paragraph had never been written, to such an extent does it seem to dominate all dental practice to-day. Too large a proportion of the profession is devoting itself solely to acquiring skill in repairing the ravages of dental disease and achieving engineering feats in the restoration of ruined natural organs, which should never have been allowed to so deteriorate. Hence it follows that it is considered a far better thing to be a fine operator than a patient investigator in the realms of pathology and preventative medicine.

That will appear to you as a very sweeping statement, and I have made it so advisedly in order to emphasize other points which I wish to make later on. But let me at once clear away any misunderstanding to which that statement may give rise. It is of the utmost importance that every dentist should be possessed of the highest technical skill. His daily work demands it. He who is a great operator is not only bestowing a great benefit on humanity, but also stimulating the ideals of his confrères, and is worthy of the fame he has secured. But we must not forget that his is not the only field of dental practice. It is the largest, and affords the greatest amount of material, and, therefore, requires the greatest number of workers.

But why is this field so large? Partly because the number of workers in the adjoining field devoted to research is so few; partly because their less ostentatious and less remunerative work is largely disregarded, and in no small measure because of the general shortage of duly qualified dentists practising in this country.

Most of us are engulfed in a daily struggle with evils which exist, and have neither the leisure nor the energy to devote to original work, and yet how much remains to be done.

Consider dental caries. Any one of you could furnish me, at short notice, with a very full account of the phenomena observable, macroscopic and microscopic, you would enchant me with your description of the parts played by the various micro-organisms associated with the process. You would present me in tabular form a list of predisposing causes. So clear would your statements be that dental caries would stand forth the simplest matter in the world. Then I ask you, if it is such a simple straightforward business, how is it that any teeth escape? Why are some mouths immune? And you have no answer to give.

Take again that condition, more difficult to deal with even than caries, pyorrhœa alveolaris. How little is known of its pathology, how obstinate it is to treat, how prone to recur.

When we come to consider the field presented by dental irregularities, what do we know of their real ætiology, no matter how great are the strides made in the way of correction?

Here, on every hand, are problems requiring elucidation, and which will not be solved by instruments and materials obtainable at the dental depôts, however skilful the hands which wield them.

We have not to deal merely with certain local affections, but with local manifestations resulting from

the imperfect performance of the functions of some remote organs or tissues. Surely the dental profession ought to contribute its share towards arriving at their true ætiology, their prevention and successful treatment.

I advance, then, a plea for a wider conception of our daily work. "Culture is not to be measured merely by the greatness of the field covered by our knowledge, but by the nicety with which we perceive relations in that field, whether great or small."

We are wont to grumble at the time wasted in acquiring a knowledge of what we are pleased to consider unnecessary subjects on the curriculum. We form this false estimate of their value because we do not pursue them far enough to be able to perceive their relation to other subjects. For my own part, I should welcome a rearrangement of the curriculum to the extent of reducing the so-called mechanical training to two years, and I would have these two years spent at a teaching institution, ensuring a properly-graded course of instruction, and not, as so often is the case, wasted with the mechanic or some registered practitioner. This would allow of three years being passed at the hospital and school, and would afford an extra twelve months, which is so much needed for the acquiring of a wider knowledge of those subjects which are necessarily now somewhat neglected, as well as affording more time for clinical work.

A student who has not received a thorough grounding in pathology will hardly ever repair the omission after leaving the hospital he will never have the opportunity to do so, nor will the facilities of a well-equipped laboratory be at his disposal; whereas, he will have ample opportunity to advance and perfect his operative skill, provided that he has grasped the elementary principles involved in the work. Education is necessarily progressive, and that student has made the best use of his time, who, when he has passed his final examination, is most conscious of the fact that he must be a learner still.

Let me now turn your thoughts for a few moments in another direction. I remember some time ago being asked by a dresser in the conservation room to look at some work which he had just completed. It was really good, and represented many hours of patience and skill. In fact, those teeth which were saveable had been treated. But in various parts of the mouth there were left many septic and useless roots. Now that was all wrong. What would you think of a surgeon who performed an operation in such an environment? There is a great difficulty, I admit, in persuading one's patients to part with these useless organs, these foreign bodies. But our duty to our patients and to ourselves also is quite clear. Unless there be some physical condition present which renders extraction inadvisable, the very elementary surgical principle must be insisted upon, and no operations, especially those which we hope to result in conservative ends, should be commenced until the oral cavity has been rendered as aseptic as possible.

It needs a strong man to carry out this precept. It may mean the loss of a patient occasionally, but capitulation on this point means the loss of our self-respect.

Be thorough, be gentle, be quick, is a maxim ever to be borne in mind by the dental practitioner. And having expended our skill in placing the mouth in as sound a condition as possible, it is necessary to add some instruction as to how it may be maintained in that condition. A tooth which is always absolutely clean never becomes carious. I do not say it is possible to keep all teeth absolutely clean, but an attempt should be made to do so, and our patients and the public generally badly need instruction on the importance of oral hygiene.

We meet here as members of the Guy's Dental Society, which was founded for "the consideration of matters generally or specially appertaining to Dental Science." We meet, then, to consider dental matters, not individually, but together for our mutual welfare.

I have but a poor opinion of the man who stands aloof from the membership of our professional societies. This aloofness is not a sign of superiority on his part—it indicates stagnation. The higher a man's intellectual and scientific attainments, the more necessary does he find it to associate and confer with others whose attainments are equal to or surpass his own.

The essence of professional life is mutual confidence and mutual aid, to the honour of one's calling and for the good of the community. That, I trust, is the spirit in which we meet here to-night, and which will animate us throughout the session.

## Nursing News.

MATRON'S OFFICE.

Miss Mildred Brown, who completed her three years' training in September last, and has since been on the Private Nursing Staff, was appointed Probationary Sister, and took up her duties as Surgical Night Sister on October 9th, 1905.

Miss Emma Studdert, who had been doing holiday duty on night, has been transferred to Martha ward.

Miss Mabel Chittock, who completed her three years' training in May, 1903, and has since been Sister at Charing Cross Hospital, has been appointed Probationary Sister, and took up her duties as Second House Sister on October 10th, 1905.

Miss Margaret Atkey, who has been Second House Sister since May last, has been appointed Sister of Addison ward.

On October 11th, Nurse Waldron, Head Nurse in Lazarus, left the Hospital on completion of her three years' training. Nurse Stanton, Head Nurse in the Isolation wards, was transferred to Lazarus, and Probationer Hood was appointed Head Nurse in the Isolation wards.

Probationer Spurway was appointed Head Nurse in Queen ward on October 12th, 1905.

On October 14th, Nurse Du Sautoy left the Hospital on completion of her three years' training to take up district work, and Probationer Haggis was appointed to succeed her as Head Nurse in John ward.

Probationer A. Daniels was appointed Head Nurse in Bright ward on October 14th, 1905.

Nurse L. Scott, Head Nurse in Mary ward, left the Hospital on completion of her three years' training on October 24th, 1905, to take up her duties on the Private Nursing Staff.

Nurse E. Yeates, Head Nurse in Addison ward, left the Hospital on November 1st, having completed her three years' training, and takes up her duties on the Private Nursing Staff shortly.

The following Probationers have been successful in passing the Examination on Nursing Subjects held on September 28th last. First Class: Probationers Arthur, Biddle, Cawley, Fletcher, Finnis, Hyde, Herbert, Hunter, E. C. Jones, Kernahan, Lyons, Macnaghten, Paterson, Peck, Rennison, Shenstone, Saunders, L. Wood, Ward and Webb. Second Class: Probationers Briggs, Barnes, Bowman, Bartlett, Bouvier, Baber, Canter, Cockin, Denman, Farrow, Grierson, Greenall, Gleeson, Gray, Hale, Hogg, Hughes, Horton, Hodgkinson, Houlden, Hambro, E. Jones, Johnson, Krauss, Lloyd, Lacon, Lorraine, Lefebvre, Lane, Lulham, Mann, McGown, Martin, Mayes, Malden, Murphy, O'Reilly, Perkins, Rae, Schnitgger, Snellman, Spurling, Swann, Talbot, Tandy, Thompson and Vine.

## Pass List.

### Final Conjoint Examination, October, 1905.

MEDICINE, SURGERY AND MIDWIFERY.—*H. J. Clarke, *G. Cockcroft.

MEDICINE AND SURGERY ONLY.—*E. M. Harrison, *E. C. Lowe, *J. E. Scales, T. F. Wilson.

MEDICINE AND MIDWIFERY ONLY.—*G. H. K. Macalister, *W. Reeve.

SURGERY AND MIDWIFERY ONLY.—A. Walker.

MEDICINE ONLY.—W. H. S. Burney, *G. F. Greening, A. M. Roome.

SURGERY ONLY.—*J. M. Barrionuevo, *L. H. Burner, *V. A. P. Costobadie, *F. D. Crew, *H. M. Langdale, *P. S Mills, *M. Bramley Taylor.

MIDWIFERY ONLY.—E. Alban, A. W. Eyles, J. A. C. Greene, T. B. Layton, M. Leckie, P. D. F. Magowan, H. V. Mitchell, O. C. H. L. Moll, R. M. Rendall, R. St. G. Seagrove, I. Valerio, H. F. Vandermin, G. Wacher.

*Denotes completion of examination.

## Dental News.

MR. HOPSON'S inaugural address at the first meeting of the Dental Society, which we print in another column, made a deep impression upon the minds and hearts of those whose fortune it was to be present. Simply and with dignified utterance he put before the men such words of hope and exhortation to high ethical ideals, that his speech has been a matter of discussion and comment about the School ever since. No one will forget his earnest appreciation of the noble and devoted minority, who turn their thoughts and hands, not only to the achievement of those remedial successes of which we are justly proud, but to the more laborious and sometimes disappointing work of original research. As he said, there are but few to whom this work is possible, but the debt owed them by ourselves and humanity at large can never be estimated.

Caries and pyorrhœa alveolaris cover enormous fields still unexplored in this direction; much has been done, but much more remains yet to be accomplished, and, with Mr. Hopson, we extend hearty encouragement to the two or three members of Guy's Dental School who are doing special work in this connection.

The attendance was good, but it might have been better; let it be remembered that it is the bounden duty of every man in the School to be present at these meetings, and to help carry out the excellent aims of the Society with personal voice and interest. The following cases may be of interest:—

CASE 1.—Patient, a female, æt. 25, had $\underline{72 \mid 26}$ removed on Saturday, October 14th, with gas. All bleeding stopped until Sunday morning, when at $\underline{\mid 6}$ it broke out again and was plugged by a doctor the same evening. The bleeding ceased, and the plug was satisfactorily removed two days later.

On the following Thursday it recommenced at $\underline{7 \mid}$ and the patient came up to Guy's. The hæmorrhage was seen to arise directly from the socket, which was plugged with wool dipped in adrenalin and tannic acid. Pressure was brought on this by closing the jaws and applying a four-tailed bandage on the outside. This stopped the bleeding, but the plug slipped and it again recurred. A fresh plug was applied and the patient kept in Charity during the night.

On Monday morning it was plugged with a mixture consisting of gum tragacanth, $ZnSO_4$, and tannic acid, and since then has quite cleared up.

CASE 2.—Patient, a female, æt. 24, had $\overline{6 \mid}$ removed with an elevator on October 24th. In the afternoon of the same day she returned with profuse hæmorrhage. The socket was plugged and a bandage applied in the usual way, but this, proving of no avail, was removed and a more careful examination made. The bleeding was then found to arise, not from the socket, but from the gum on the lingual side, where in all probability the elevator had pierced it. The difficulty of getting pressure at this spot was overcome by the following ingenious method:—A flat piece of wood was carved with a penknife

so as to fit tightly between $\overline{7 \text{ and } 5}|$. A plug was placed in the socket of $\overline{6}|$ so as to overlap the gum at the bleeding spot, and the piece of wood forced down upon it, acting as a wedge between the adjacent teeth. The pressure thus gained was sufficient, and the bleeding rapidly subsided.

The contrast between these cases is well seen in that, in the first, the bleeding was directly from the socket and secondary in character, and in the second from the gum and arising from immediate operation.

## The late Dr. Washbourn, C.M.G.

With this number we publish the portrait of the late Dr. Washbourn, and take the opportunity of making the following additions to the list of his papers given on p. 427 in the last issue of the Gazette.

On the relation of the Temperature of the Groin to that of the Rectum in the Rabbit, both normally and after destruction of the cerebral cortex (with W. Hale White). Journ. of Physiology, 1891.

An improved form of Animal Calorimeter (with J. S. Haldane and W. Hale White). Ibid., 1894.

## Specialities.

### Infants' Food and Hygiama.

Samples of Infants' Food and Hygiama have been received from Dr. Theinhardt's Food Company, Limited, 33, Seething Lane, E.C.

These foods are rich in carbohydrates, chiefly in a soluble form (maltose, etc.), but contain also a little starch. They contain also a fair amount of nitrogenous (proteid) substances.

The Hygiama is a cocoa preparation with an agreeable flavour, and should also be a good food. It is rich in fat (containing over 9 per cent.) and sugar.

The Infants' Food should be easily digestible, particularly the carbohydrates, of which maltose (the sugar which is most readily assimilated) is one of the constituents.

The food value of both these preparations is considerable, as judged from the analytical results.

## Appointments.

### House Appointments.

The following appointments have been made by the House Committee upon the recommendation of the Medical Committee:—

*Obstetric Residents.* — Messrs. G. A. Ticehurst (November 16th); F. Alcock (January 1st).

*Clinical Assistant in Throat Department.*—Mr. N. Blake Odgers (November 1st).

## Tales of Old Guy's.

### III.—"Miss Naples' Gang."

"To the philosophical student of human character," wrote someone—and from the mixed triteness and originality of the remark it might have been one of Rochefoucauld's—"it is interesting to speculate as to the reasons which drive a man to write a diary." Perhaps it is, but the average person is sincerely thankful that there are reasons, whatever they may be and however worthy of philosophical, speculative contemplation, which induce some men to pen on paper, for the small publicity of their own eyes, the trivial record of their daily round. The world is livelier for most men's diaries which have seen the light posthumously; better, perhaps, if that were possible for such as Amiel's "Journal Intime," or Emin Pasha's daybook, and Gordon's volume of night thoughts. How much should we have missed had Pepys wanted the moral courage to put down for posterity what he dared not disclose to his wife! What a host of those interesting petty details which make history and the past so pleasant in retrospective would we have missed had no one kept a diary. We should have remained in ignorance of the fact that the Countess of Cloisny dabbled in anatomy when she should have been at embroidery or flirting, or whatever other occupation young girls of sixteen are most given to, had Madame Genlis not left the fact on record in her diary, as every searcher in that mine of trivialities, the French "Communiques," which corresponds to our "Notes and Queries," can read for himself. And if Miss Naples had not put down, religiously every night, the account of her day's doings, we should have missed much of what turns out to be a chapter not without interest in the history of Guy's Hospital.

If you go to the Royal College of Surgeons and wander into that magnificent library, you will see, if you are interested in such things, and if you care to ask for it, a series of manuscripts, notes, pamphlets, and other light things of the nature which continental bibliographists commonly collate under the heading "flying leaflets"—for a reason I have not sufficiently discovered, since I refuse to accept the argument that most of them are ephemeral. This host of interesting memoranda, the Stone collection, contains much that is of importance in the history of this hospital, though as a matter of fact a great deal of it has been reprinted, and is consequently available in other collections. There are autograph notes and memoranda of Sir Astley Cooper, some very characteristic of the man and his ways, and in particular there is a thumb-marked, dog-eared, limp little volume, the authorship of which has for a considerable time been doubtful, until the researches of Mr. Blake Bailey settled it definitely on "Miss" Naples. It is a diary, a day book of the queerest and ghastliest business that ever man traded in, revealing a rich vocabulary of slang, and at times a quaint diction and mannerism in the writer which make it interesting apart from its antiquarian value. Mr. Bailey has published the whole of it, with excellent notes, in a cheap and handy, though at present

somewhat rare, little volume under the title of "The Diary of a Resurrectionist," and with that and some allied sources of information, chief among which come the large folio report of the Royal Commission on Anatomy Schools in 1828, George MacGregor's "History of Burke and Hare," Henry Lonsdale's "Life of Dr. Knox, the Anatomist," and the interesting series of papers on the subject in the old "Monthly Review," "Longmans," and other contemporary magazines, one can easily reconstruct much of the story of Miss Naples' Gang and its connection with this hospital.

In order to do that we must go back almost a century. In the period 1810–1830 there existed in London five official schools of anatomy and three private institutions for dissecting purposes. The "official" ones, so called because they stood in relation to the then existing hospitals, were those of St. Thomas's, the oldest, Guy's, started in opposition to it, St. Bartholomew's, the London Hospital School, and that in Windmill Street, which was supported jointly by St. George's and Westminster Hospitals. Mr. Joseph Carpue carried on a private school in Oxford Street, while the two remaining institutions, both private, were those of Mr. Brooks and Mr. Grainger. Brooks started well, and carried on his school with success, curing his subjects with nitre, so that they could be dissected in summer, which made his dissecting-room "stink like a ham shop," as a contemporary put it. Grainger, who had been a dresser at Guy's, and was a personal friend of Sir Astley's, had the most pupils, while Carpue's school dwindled into non-existence after a period of some ten years. From contemporary sources we learn that there were at that time some 800 students of anatomy in London: of these 500 dissected regularly. The question of the supply of bodies was naturally a serious one. It was the time when the average man had not got over his dislike to the profession and his disgust for "anatomising": the time when the anatomy professor headed his class in a body-lifting expedition, and displayed as much enthusiasm and as great an activity as the youngest first year's man when it came to a fight with the unscientific populace. Feeling against the doctors ran high in those times. At Edinburgh, where it perhaps reached its top, the Royal Colleges, true to their charter, which gave them the right "to know the anatomea, nature and complexioun of every member in manis body, and to have, anis in a year, ane condampnit man after he be deid" (for further particulars of which interesting edict the reader is referred to Gairdner's "History" and Simpson's "Notes on Syphilis in Scotland"), did their best to counteract the prejudice of the community by giving public demonstrations, and by rigorously condemning the prevailing custom of body-snatching. They ordered a clause to be inserted in all indentures of apprentices forbidding them to violate the churchyards, and made vigorous efforts to get the bodies of fever patients and others for dissecting purposes. Thus we read of Alexander Munro, who was Professor of Anatomy at Edinburgh at the munificent stipend of £15 a year, dissecting such fever patients; of Murchison, who differentiated typhoid from typhus fever, falling ill of a fever which he had caught from dissecting a patient who had died of gaol plague, and of dozens of students going to the infirmary infected from the dissecting-room. Yet all this moral courage on the part of the profession could not damp the prejudice of the people, nor could it bring a larger and better supply of subjects, and body-snatching, notwithstanding its dangers, notwithstanding the clause in the indentures, flourished, and became a profession at which the experts made quite a lucrative income. When one reads the yards and yards of doggerel in which the vulgar prejudice vented itself, one can easily imagine how deeply moved the non-professional mind was. They are interesting reading, even now, these rhymes, though most of them had nothing except fierceness and incisiveness of phrase to commend them. There is Southey's "Doctor":—

> "So they carried the sack pick-a-back,
> And carved him bone from bone;
> But what became of the surgeon's soul
> Was never to mortal known."

and that anonymous and deeply pathetical composition, of which the opening lines run as follows:—

> "'Twas a cold winter's night and dark *was* the clouds,
> And the dead men lay quietly still in their shrouds;
> The worms revelled sweetly their eyeholes along,
> Some feasting on brains, others feeding on liver,
> 'Had we e'er such a spread?' All cried. 'Never, oh never.'"

and the culminating rigmarole which lumped Knox and Burke together in the now historic nursery rhyme:—

> "Burke and Hare fell down the stair,
> Wi' a bodie in a box, gaun tae doctor Knox;
> Burke's the butcher, Hare's the thief,
> Knox 's the cad that buys the beef."

In England things were a trifle better, though here, too, the profession formed itself into an "Anatomical Club," and wrote pleading articles on the advisability of leaving their own bodies for dissecting purposes as an object-lesson to the vulgar. Their appeals had but little fruit, though we know that, in some cases at least, Guy's benefited by them. Thus, Messenger Monsey, the eccentric physician of Chelsea, left his body to Guy's, and was cleanly anatomized here, while Jeremy Bentham bequeathed his to Mr. Grainger, and was dissected by a Guy's man.

Such, then, was the state of affairs with regard to the supply of anatomical specimens, and once we have got a clear idea of what it really was, we cease to wonder at the lucrative practice of the body-snatchers. We find that London, and especially Guy's, were served by a gang of resurrectionists, of which Miss Naple's diary has given us a fairly accurate account. There was Ben Crouch, a huge-limbed, pox-marked man, the son of the carpenter at Guy's, a great prize fighter, and reputed the coolest and most daring body-snatcher of his time. Crouch was the leader of the gang, and had a chequered career. He affected a certain amount of "side," wore good clothes, sported jewellery, and was indicted for stealing cloth from a store in Watling Street, but acquitted. South says that he came to Guy's the next day wearing the cloth, and

boasting of his success in outwitting the "beaks." In 1817 he retired, set up as a dealer in teeth, obtained a suttler's license, and followed the army in Spain, where he drew dead men's teeth, and stole dead men's money He must have found both profitable, for the next we hear of him is as the proprietor of a successful hotel at Margate. At Guy's he acted as a sort of pawnbroker to the students (*vide* Smith's "Confessions of a Dissecting Room Porter"), but he fell upon evil days, stole, and went to gaol for a year, and finally died in poverty in a top floor room of a Tower Hill public-house.

The rest of the gang consisted of Bill Butler, Jack Harnet, Bill Harnet, Crouch's brother Jack, Naples himself, who wrote the diary, and perhaps Millward. The last mentioned was the superintendent of St. Thomas's school who was dismissed because he was found to be in league with the gang against the interests of the hospital. He was exceedingly popular with the students, who urged him to set up an eating house which they frequented, and he also seems to have done some coaching. His "vulgar" customers, however, found out that he was a body-snatcher, and fell upon him, so that his student friends had to rescue him. His latter days were spent in a lunatic asylum attached to a county gaol, and at his death his widow published an interesting and most abusive little pamphlet against Guy's, St. Thomas's, Sir Astley Cooper, and Mr. Green, which is one of the curiosities of virulently invective pamphleteering. Jack Harnett was another prize fighter, and had an interesting history. He died in St. Thomas's of consumption, and obtained a solemn promise from the physicians that his body would not be opened. His brother, who seems to have been the most businesslike of the gang, retired soon after the passing of the Anatomy Act, and died worth £6,000. Bill Butler, the other partner, who was reckoned the most skilful articulator of his time, set up as a dentist, and incidentally took to highway robbery. At least, we hear that he was sentenced to death for robbing the Edinburgh mail, and that while waiting for Calcraft, the hangman, he spent his leisure in articulating the skeleton of the Governor's horse. This turned out to be his salvation, for two Austrian archdukes, happening to visit Newgate, were so taken with the cleverness of the piece of work that they not only obtained his pardon from the easy-going Prince Regent, but presented him with a gift of money. Presumably he reformed after that, for history has nothing further to say about him, good or bad. Finally, we reach Joseph Naples, nicknamed Miss by his fellow resurrectionists. He seems to have been a man of education, writing a little Latin—somewhere he describes himself as "resurgam hommo"—and very passable English, and he had sufficient influence with Sir Astley to obtain the latter's intervention with the Secretary of State when he was taken up on a charge of body-snatching. He ended his days in fair comfort as a dissecting-oom attendant at St. Thomas's, a post which Green had procured for him after the Act was passed.

The diary which he has left behind him gives many sidelights on the method of work of his gang, and shows well how lucrative was their trade. "Broached a hospital crib (cemetery). Worked two holes: one bad. Drew the teeth for Thomas . . Crouch intoxsicated." "Got five. 1 small to Taunton (the Guy's demonstrator) for a guinea." "Two large and one small for Guy's. Made £9 9/–." "Sold fœtus for Guy's." "1 large—fetch'd four guinea." "Sttld. (settled): each man's share (presumably for the week) £12 12/–," are items in it. Now and then there was trouble. Crouch, who seems to have been invariably "intoxsicated," was "obstreprus," and had to be humoured, but on the whole things were well managed and the gang flourished, tacitly encouraged by Sir Astley and the Guy's staff. Guy's was keen on anatomy then. We read that Sir Astley and Cline each contributed £1,000 towards the building of the new theatre, and that the former paid for many of the subjects out of his own pocket. His lecture to the College is estimated to have cost him at least £900 in subjects. And in addition the gang demanded a retaining fee, and a sum as a solatium, or "still money," when one or other of them had to go to gaol. The average price for a "small" was a guinea: a "large" ruled from three to six guineas, considerably less than the price which Wharton, Jones and Furgeson paid to Hare and Burke for their first corpse. The dissecting-room attendant received four shillings for preparing the body, and if he injected it he received an additional guinea. Most of the subjects were kept in spirits, to obliterate the marks of violence, said the unsympathetic public. The students paid comparatively small fees. At Guy's a full course in anatomy could be had for twenty guineas; half a semester cost £8, while attendance at Sir Astley's own course—in which he persisted in talking about the "*prostrate* gland"—cost five guineas more. The dissecting-room had a huge fireplace and "a copper for boiling subjects in," and no work was apparently done in midsummer. Miss Naples' gang seem to have done a good trade, and from all accounts, had they been prudent men, less given to "intoxsication" and "obstreperusness," they would have been able to live comfortably after the passing of the Act which swept them and their trade into the limbo of things obsolete. To-day nothing remains of them, not even, as in Edinburgh, the iron-defended grave to show that people once feared them, and the little day-book which Miss Naples kept is our only true record of their work, and as such worthy of a passing notice.

## Papers by Guy's Men.

A Case of Volkmann's Contracture Treated by Shortening the Radius and Ulna. By R. P. Rowlands, M.S. Lond., F.R.C.S. Eng.—*The Lancet*, 21st October, 1905.

An Address on a Study of Sixty Cases of Membranous Colitis. Delivered before the Devon and Exeter Medical Society on October 19th, 1905. By W. Hale White, M.D. Lond., F.R.C.P. Lond.—*The Lancet*, 28th October, 1905.

The Pathology of Dropsy. By F. A. Bainbridge, M.D., F.R.C.P.—*The Practitioner*, November, 1905.

Orthopædic Surgery. By A. H. Tubby, M.S., F.R.C.S. *Ibid.*

# Sport.

## Rugby Football.

GUY'S v. ROSLYN PARK.

This match was played at Richmond on October 21st. Guy's played a weak team against Roslyn Park, but even so gave a very poor exhibition. Soon after the kick off Guy's attacked, but bad passing spoilt good chances. The forwards were playing well and heeled out quickly to Monoghan, who invariably threw the ball along the ground or allowed the opposing half to gain possession. Digby made a good run, but passed badly to Bennett thus missing an easy score. Half time, no score.

In the second half, the forwards, no doubt discouraged by the bad play of the backs, did not play nearly so well. Jones, who all the time had played well, made a good run, but Stringer allowed Treloar to intercept and the latter almost scored. The Rosyln forwards then rushed the ball down the ground and a try was scored by Watchorn. Soon after the kick out Devas made a good run and passed to Davis, who scored; this try was converted. After some scrambling play the game ended with Roslyn Park a goal and a try (8 points), Guy's nil.

REMARKS.—Gibson played fairly well but missed his man more than once. Jones was very good and did most of the defence. Stringer and Digby played very poor games, their attack and defence being very weak. Lloyd and Bennett did very little indeed, if there was any collaring to be done they left it to Jones to do. Monoghan held on to the ball far too long, and in the first half had four free kicks given against him for various offences. The forwards in the first half were good, but in the second half went to pieces; the ball still hangs too long in the back rank of the scrum.

GUY'S v. ROYAL ENGINEERS.

Played at Honor Oak Park on October 28th, before close on 300 spectators.

Shortly after Royal Engineers kicked-off, Guy's with a good forward rush took the ball to their line, and kept up a hot attack, but were unable to score, partly owing to the good defence of the Engineers, and partly to the faulty passing of the Guy's men. However, after about a quarter-of-an-hour, Jones got over wide out on the left; Saunders took the kick, but just failed. The Engineers now made a brief attack, but were soon forced back, and Covell, gathering nicely, gave a good long pass to Digby, who scored; Saunders again failed to make the light ball travel the distance. Up to this point the Guy's forwards had had the best of matters, though their heeling might have been cleaner. However, they now slacked off considerably, and let the Engineers up to their twenty-five, where, heeling smartly, the Engineers' three-quarters, after a good bit of passing, scored; the kick failed. From the drop-out, the Guy's forwards rushed the ball down to the Engineers' line, and McEvedy gathering, scored. Thus Guy's crossed over with a lead of 9 points to 3.

The second half was more evenly contested, and all the scoring to within ten minutes of time, was another try to the Engineers. However, from this point the Guy's forwards played like a new pack, and heeling smartly, gave the backs plenty of chances, and McEvedy scored twice from individual efforts, both tries being converted. Finally, Stringer scored from a short sprint far out, and the kick failed. Thus Guy's were left victors by 22 points to 6.

REMARKS.—The forwards' play varied considerably, at times they were good, at others feeble. Williams was the best. Cutler, at half, was too slow, and passed badly from the scrum. This was partly accounted for by using too light a ball in the first half. Covell, as left centre, can attack at times, but his defence is very weak. He took some wild passes wonderfully.

GUY'S 2ND XV. v. CIVIL SERVICE 2ND XV.

This match was played at Richmond on Saturday, October 21st, and ended in a win for Guy's by 1 goal and 2 tries (11 points) to 2 tries (6 points).

Covell scored two tries and Palmer 1. Willan kicked the goal. Team:—

GUY'S.—Cline (back); R. Willan, L. T. Baker, G. C. Covell, B. H. Palmer (three-quarters); F. Cutler, E. G. Schlesinger (halves); W. H. Robinson, C. Sprague, D. Reynolds, D. Stout, O. G. Iliffe, C. H. Rippmann, R. Walker, G. A. Blake (forwards).

## Association Football.

R.M.A. v. GUY'S.

On Wednesday, October 18th, Guy's went down to Woolwich. At the start Guy's went straight away, and before long scored a goal by Eccles, who put in a good shot from a difficult position. The game continued in the R.M.A. part of the field, and another goal was obtained for us from a corner. R.M.A. now showed more form, and before half-time had scored once.

After the interval, Guy's fell off and made no progress, the R.M.A. defence proving too sound. Fifteen minutes before time our opponents scored twice, chiefly owing to the skilful attack of their inside left. When time was called the score showed us beaten by 3 goals to 2. Team:—

GUY'S.—C. A. Wood (goal); J. L. Rankine, H. Bastard (full backs); A. Zorab, A. Denning, H. Wormald (half-backs); H. N. Eccles, E. Barnett, H. Whiteley, C Witts, A. W. Berry (forwards).

REMARKS.—The full backs are still weak. Rankine does not tackle his men early enough. Wormald worked well at half. The forwards were poor on the whole, but some good individual efforts were displayed by Whiteley. Unfortunately he was weak in front of goal, so his brilliant dribbles were useless to the team.

SURBITON HILL v. GUY'S.

This game took place at Honor Oak Park on Saturday, October 21st, and resulted in a win for the Hospital by

4 goals to nil. The score does not indicate the merit of our opponents. They were unfortunately handicapped during the second half by a heavy rain driving into their faces, and Guy's were thus able to score twice by Barnett. Two goals were scored in the first half by Boxall. Team :—

GUY'S.—C. A. Wood (goal); J. L. Rankine, H. Bastard (full backs); A. G. Jones, A. Denning, P. Pedrick (halves); A. Berry, C. Witts, W. Boxall, E. Barnett, G. Robertson (forwards).

REMARKS.—Very little combination was shown by the team. The forwards were never together, and never by any chance used their halves. Rankine used better judgment in kicking.

EASTBOURNE v. GUY'S.

On Wednesday, October 25th, Guy's travelled down to Eastbourne. Unfortunately, at the outset, Denning was crocked, and this explains partly our loss by 3 goals to 0.

Guy's were pressing almost continuously during the first half, but failed to score owing to erratic shooting. Numerous corners fell to Guy's, but were not placed sufficiently well by outsides to enable us to score.

During the second half, although Pedrick played a magnificent game at centre half, Eastbourne broke through and scored twice. Team :—

GUY'S.—C. A. Wood (goal); J. L. Rankine, H. Bastard (full-backs); E. Barnett, P. Pedrick, E. W. Plummer (halves); A. W. Berry, C. Witts, W. Boxall, F. Edey, A. Denning (forwards).

REMARKS.—Our forwards again let us down by their want of skill before the goal. The halves were all good and sound. Bastard showed improvement. Berry was fast enough, but centred very poorly.

OLD CITIZENS v. GUY'S.

This game was played at Honor Oak Park on Saturday, October 28th, 1905.

Guy's, although weak, owing to the absence of our better men, managed to beat our opponents by 2 goals to 1. Team :—

C. A. Wood (goal); J. L. Rankine, H. Bastard (full backs); C. W. Greene, A. Zorab, G. Robertson (halves); A. W. Berry, C. Witts, W. Boxall, S. Reader, H. N. Eccles (forwards).

REMARKS.—Wood distinguished himself by some magnificent saves in goal. Witts begins to realize that he has an outside man.

## Swimming Club.

The replayed Water Polo Cup Final was played in the Holborn Baths on Monday, October 30th, against St. Thomas's. At half-time St. Thomas's were leading by two goals to one, and early in the second half they added two more to their score. Guy's continued to play hard, and in the last five minutes scored three goals, with the result that the match was again drawn, 4 goals all. Our men played hard all through; the goals were scored by Alcock (2), Ball and Dicks.

Subject to the permission of the Inter-Hospital Swimming Club, the Cup is to be held jointly for the year by St. Thomas's and us. Team :—

GUY'S.—H. W. Eccles (goal); W. E. Ball, S. Mc. K. Saunders (backs); H. E. Alexander (half-back); A. Alcock, T. B. Layton, J. Dicks (forwards).

## Guy's Hospital Rifle Association.

A general meeting of the above took place in the new Anatomical theatre at 12 p.m., Thursday, October 12th, Dr. Spriggs having kindly consented to take the chair in the absence of the President, Sir Alfred Fripp.

The minute-book and all records of the club, together with the late secretary, having been lost, Mr. Oram, hon. sec. *pro tem.*, then read the report for the last year.

Messrs. Henderson and L. L. C. Reynolds criticised the report, drawing attention to the fact that no notices of any kind in connection with the club had been posted anywhere in the Hospital.

Mr. Oram replied to the effect that for the two preceding years no attention had ever been paid to these notices, and that he himself had taken the trouble to go round and find out personally who were shooting men, and he had asked them to shoot, etc.

The following motion was then proposed by Mr. French, seconded by Mr. Henderson, and carried unanimously: "That a notice be sent to the GAZETTE stating that a list had been placed somewhere in the Hospital on which men who can shoot should write their names, and asking them to let the secretary know what their capabilities were in the shooting line."

The question of arranging teams for the Inter-Hospital Competitions was then discussed, but it was decided to bring the matter up at the next general meeting of the United Hospitals Rifle Association. The officers were then elected for the ensuing year, and proceedings terminated with a vote of thanks to Chairman.

It is not usual to send up a report of a general meeting to the GAZETTE, but after all the discussion that has taken place, we think that it may be of interest to know what happened.

G. A. BLAKE, Hon. Sec.

## Appointments.

### Civil.

JENKINS, H. H., M.R.C.S., L.R.C.P., has been appointed First Assistant Medical Officer at the Bromley Asylum of the Poplar and Stepney Sick Asylum District.

LISTER, T. D., M.D., M.R.C.P. Lond., has been appointed Physician to the Mount Vernon Hospital for Consumption and Diseases of the Chest, Hampstead and Northwood.

MUSSELLWHITE, W., M.R.C.S., L.R.C.P., D.P.H., has been appointed Medical Officer of Health, Spennymoor Urban District.

PERN, HORACE, M.R.C.S., L.R.C.P., has been appointed Officer of Health to the Municipal Council of the Shire of Allerton, Victoria, Australia.

PHILLIPS, F. B. W., M.D. Oxon., D.P.H. Camb., has been appointed Medical Officer of Health for the Borough of Bedford.

SCOTT, T. GRAHAM, M.R.C.S., L.R.C.P. Lond., has been appointed House Anæsthetist at the Royal Dental Hospital, London.

SWAN, R. H. JOCELYN, M.S. Lond., F.R.C.S., has been appointed Third Assistant Surgeon at the Cancer Hospital, London.

TELLING, W. H. MAXWELL, M.D., B.S. Lond., M.R.C.P. Lond., has been appointed Honorary Assistant Physician to the General Infirmary at Leeds.

### Naval.

Surgeon M. P. JONES, R.N., is promoted to the rank of Staff-Surgeon in his Majesty's Fleet.

Surgeon STANLEY S. H. SHANNON, R.N., has been appointed to the *Pembroke*.

## From the Gazette's Special Pathologist.

Directions to be followed in sending *Diphtheritic Membrane* :—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

NOTICES.

H., RAMSGATE.—This small tumour of the breast appears to be well encapsuled and has the structure of an adeno-fibroma. There is considerable new growth of fibrous tissues and some glandular proliferation in the tumour. The breast tissue around is in a state of chronic mastitis. There is no sign of malignancy in the specimen.

E. R. M., HASTINGS.—This specimen of sputum is somewhat purulent in character, but no tubercle bacilli are found.

I. R. A., CHADWELL HEATH.—Tubercle bacilli are present in moderate numbers in this specimen of sputum,

PATHOLOGIST.

## Change of Address.

Dr. Arthur W. Clark, from "La Roche," Park Road, Caterham, to 6, St. Margaret's Villas, Benhill Road, Sutton, Surrey.

Mr. C. Heygate Knowles, L.D.S., from Egmore Lodge, Madras, India, to 13, Lyndhurst Road, Hampstead, N.W.

Dr. H. Douglas Smart, from 108, Grange Road, S.E., to 40, Albert Terrace, Halifax Road, Dewsbury, Yorks.

Mr. A. W. Parrott, L.D.S., from Guy's Hospital to Berkeley House, Ross-on-Wye.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

### Births.

LISTER.—On October 8th, at 77, New Cavendish Street, the wife of Dr. T. D. Lister of a son.

SALTER.—On October 21st, at Prince of Wales's Terrace, Scarborough, the wife of Charles E. Salter, M.D. Lond., F.R.C.S., of a daughter.

STURGES-JONES.—On October 26th, at Half Moon Lane, Herne Hill, the wife of W. E. Sturges-Jones, M.R.C.S., L.R.C.P., of a daughter.

### Marriages.

MARTIN—BABINGTON.—On October 28th, at the Church of St. John the Divine, Kennington, by the Rev. Canon C. E. Brooke, M.A., Vicar, assisted by the Rev. J. H. Wesley Kane, M.A., Vicar of St. George, Perry Hill, Francis John Hensley, M.R.C.S. Eng., L.R.C.P. Lond., late of Perim Island, Arabia, second son of Captain W. R. Martin. R.N., of Catford, to Nellie, younger daughter of George F. Babington, of Marlow, Holmdene Avenue, Herne Hill, London.

MICHELMORE—GALABIN.—On October 21st, at S. Marylebone Parish Church, W., by the Right Rev. the Bishop of Kensington, assisted by the Rev. Canon Barker, Rector, Harold Gaye Michelmore, of Saffron Close, Chudleigh, and Newton Abbot, to Margaret Mignon, only child of Dr. and Mrs. Galabin, of 49, Wimpole Street.

### Death.

BROOKHOUSE.—On October 27th, at 1, East Circus Street, Nottingham, Joseph Orpe Brookhouse, M.D., F.R.C.S. Eng., Senior Physician of the Nottingham General Hospital, aged 70.

### Corrections.

SWAYNE.—On October 9th, at Mathon House, 56, St. Paul's Road, Clifton, Bristol, the wife of Walter C. Swayne, M.D., B.S. Lond., of a son.

LAWRIE MCGAVIN, F.R.C.S. Eng., has been appointed Consulting Surgeon to the Tottenham Hotspur Football and Athletic Company, Ltd.

N.B.—The foregoing are the correct announcements, and not as stated in our last issue.

ED.—F. W. M. P.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

WE are in a position to make an important announcement. For some time past many of us have been rendered pleasantly conscious of the interest which Mr. and Mrs. Seymour Hicks take in the Hospital, by means of sundry theatre tickets which have been put at our disposal from time to time. Their interest has now taken an even more practical form. In the early spring, Mr. Seymour Hicks will organise, in his magnificent new play-house in Aldwych, an entertainment, the whole proceeds of which will go to the Hospital. Mr. Beerbohm Tree's great performance at His Majesty's, at which the King and Queen, the Prince and Princess of Wales, and the Princess Victoria were present, and which resulted in over two thousand pounds being handed over to the Hospital, is so fresh in our memories, that we have no difficulty in appreciating our great good fortune in experiencing again the large-hearted generosity of the stage. No man works harder in the cause of charity than does the actor, and certainly none has greater power to awaken the interest of the general public. In a sense he is in an unique position; his own generous act bears fruit an hundredfold almost instantaneously. It is this that makes men like Mr. Tree and Mr. Hicks such valuable allies for our Hospital, with its enormous responsibilities and insufficient income. Mr. Hicks gives to the Hospital for the time being both himself and his theatre, and we thank him most heartily but he does much more,—he impels the British public—an entire audience, a whole theatre full of ordinary selfish men and women—to share with him in his gift, to join with him in generosity, and in anticipation we may thank them too. It is difficult adequately to express our thanks to Mr. Seymour Hicks for his kind offer. All Guy's men must see to it that they do their best to secure an absolutely unprecedented rush for seats.

THE new scheme of amalgamation between several of the smaller schools of medicine, to wit, St. George's, King's and Westminster, whereby the preliminary scientific subjects are all taught in common at King's College, does not seem to be working without a small amount of friction. The Westminster Hospital

Gazette appeals pointedly to its hypothetical first and second year's men, who are at present put out to nurse at King's, to resent any attempt to question their birth, and bids them never to forget that they are, above all, true-born Westminster men. There is something pathetic in the suggestion of a correspondent that all Westminster men, in the motley crowd assembled at King's, should endeavour to assert the importance of their school "by frequently wearing Westminster colours, ties and hat-bands."

In our last number, after suffering for some time in silence, we broke forth into complaints of the College cooking and catering. Chiefly we complained that our food was cold. We admitted that we paid only a small sum for our dinner, and we disclaimed any desire for ambitious cooking or for costly dishes; we wanted little, but we wanted that little hot. In many ways our grumble has not been without effect. Chops and steaks can now be obtained at both lunch and dinner; that there may be no deception they are set before us raw and juicy, for all men to see and choose. The waiting, also, has become distinctly more satisfactory. Our main complaint that the food was cold, Mr. Wade assures us, can now easily be remedied, and he has convinced us that, during the last few months, while alterations were being carried out in the kitchens, he has been working under considerable disadvantages. Our hopes of continued improvement run high.

Rather more than a year ago, owing to the efforts of the Hospital Chaplain, a fund was started the object of which was to place on record in the Chapel a complete list of the names of all who have died while serving the Hospital, whether Nurses or Sisters, whether students of medicine, dentistry or members of the Hospital Staff. The work of collecting the names and dates has proved of considerable difficulty. To-day, in order to aid Mr. Bown in the task which he has undertaken, we publish tentatively a first list. We are conscious of many omissions, many of the dates and some of the initials are possibly incorrectly given. We appeal very earnestly to all Guy's men to point out any such deficiencies which may come within their knowledge. It is only by such co-operation that the list can hope to be complete. The earlier names are especially hard to obtain correctly, and it is of great importance that this memorial should be in every sense complete. Letters should be addressed to the Chaplain, Guy's Hospital.

So much success have we achieved in the catering department that we are tempted to ventilate another grievance. At present it is something of an impossibility for a student at Guy's Hospital to receive an urgent message from outside, whether by telegraph, by telephone, or by messenger, with the speed which is sometimes imperative, even for the least important amongst us. A telegram lies unnoticed in the porter's lodge, the telephone is abruptly rung off, the most pertinacious caller has to retire discomfited and enraged. We have heard of several unfortunate results of this, our isolation from the outside world. A student's mother, let us say, returns from South Africa a day sooner than expected. Not unnaturally she wishes her son to meet her. She sends a telegram which her dutiful son discovers after twenty-four hours. To receive a telephone message is still more impossible. Outside people do not understand our subtle distinctions between house-surgeon and ward clerks, and therefore they attempt to telephone to their friend the clerk, bidding him, shall we say, not to come to dinner after all, for this or that important reason. Under the impression that the porter, although gruff, will deliver the message, they consider the matter settled

and are vexed when the ward clerk appears undeterred to keep his engagement. For the ward clerk it is even more distressing. We do not blame the porters; they are probably obeying orders, but we think that the Hospital owes its students more consideration. We have heard of many such disappointments and difficulties. Even the secretary of a county cricket club cannot get hold of a Guy's man when he wants his services.

We regret to have to announce the death of one of the most brilliant of the younger practitioners who have been educated at Guy's. Dr. Charles Harnett succumbed to an attack of appendicitis on November 7th, at Margate, at the early age of thirty-three. At Guy's he had a most brilliant career, winning a long list of prizes and scholarships, and, had his health permitted, there is little doubt that he would have remained with us as one of our teaching staff. His health, however, was never strong, and for this reason mainly he took up his residence at Margate, where he was connected with the Sea Bathing Hospital. His early death removes a life of very great promise, and is deplored by a large circle of friends.

We have been asked to repeat the announcement that the Residents will hold their annual dance on the evening of November 22nd, at 8.30, in the Court Room of the Hospital. It is hoped that the dance will be as largely attended and that it will be as successful as usual. In our last number, after congratulating ourselves on the large number of sisters who were to be present, we made the suggestion that the Hospital caricaturist might possibly find inspiration in watching the dancers. We did so because we had an idea, possibly quite a wrong one, that the dancing of hospital men left something to be desired, and we felt very certain that while indifferent dancers, like long-handicap golfers, enjoy themselves as much as the expert, they do so at some risk of appearing a trifle ridiculous. That anyone should believe that our remarks applied to our prospective partners, to the sisters, whether of our Wards or of our friends, we should have thought incredible. Our intention was only to forewarn them, in view of the distressing possibility of a skirt torn, or even,—the matter is serious, and we feel forced to be explicit,—a toe heavily trodden on. We feel certain that the sisters acquit us of any intention of giving offence, and we have to thank some of them at least for taking an ambiguous paragraph in good part and turning the laugh against ourselves.

We are profanely amused by reading in the daily papers an account of a recent utterance of the Bishop of London. Fresh from his disclosures as to the drunkenness of the Oxford undergraduate, disclosures in which there is not one word of truth, he has turned his attention to the doctrines of Christian Science. We may think it unwise of the Bishop to speak, no matter with what reservations, of "the basis of truth" which underlies this gigantic heresy, but no one will dispute the wisdom of his advice to his audience, never to attempt to use any special gifts of healing which they may possess "apart from the medical profession." Of using such gifts in conjunction with the medical profession, we should have thought their opportunities would be but small. What the Bishop preaches, too, he practises. A propos of the case of a lady who was so unnerved by the prospect of an operation that for a time not only was she herself in a state of moral and mental collapse, but the surgeons themselves were absolutely paralysed and forced for the time being to abandon the operation, he bids his hearers observe that he "never dreamed of not letting her go through the operation which was so essential to her cure."

# Certain Questions arising in the Practice of Midwifery.

CLINICAL LECTURE BY PETER HORROCKS, M.D., F.R.C.P.

October 30th, 1905.

GENTLEMEN,—It is at the request of one of our students that the subject announced for to-day's lecture has been chosen. It hardly comes within the scope of the systematic lectures in Obstetrics, and it has never before, so far as I am aware, been dealt with in a clinical lecture.

I shall deal with the questions in the order in which they arise in practice.

The first question which will be discussed is:—Should women who engage a doctor to attend them in an approaching confinement be examined as a matter of routine? This question cannot be answered by a simple yes or no. You must consider it from several points of view.

Let me first tell you the history of our practice at Guy's. You know that the women whom our externs attend live in the immediate neighbourhood. We have a map on which is indicated a definite area, bounded by certain streets, beyond which they do not attend. This limitation is necessary, firstly, because the numbers must be limited; and secondly, because if anything went wrong we should not be able to get to the patients in time if they lived a long way off. When I was a student it was the duty of the junior in Charity—there were then a senior and a junior—to go to the out-patient room on certain mornings in the week to distribute cards to women who were pregnant. It was his duty to find out if they lived within the definitely limited district.

Whether the women were examined or not depended on the student—there were no regulations. But you know there is occasionally in Guy's—very rarely, and not perhaps as often as in other hospitals—a negligent student. And such a student would simply ask the woman's name, and give her a card without going into the point as to whether she resided in the district or not. The consequence was that sometimes when the extern was sent for to attend the labour, the request came perhaps from Kennington Park, or Brixton, or Streatham! At other times he was engaged at a case or forgot all about it, and the women waited in vain. It seemed to me that it would be far better if this distribution of cards to pregnant women, for the purpose of being used to fetch an extern when labour set in, and which practically amounted to engaging a doctor for the confinement, were done by an official of the hospital, such as a clerk in the office, who need not be a student of medicine at all. This matter being placed before the medical superintendent (Sir Cooper, then Dr. Perry), he made the necessary arrangements for carrying it out. The duties are carried out by a clerk, who finds out if the applicant lives in the Guy's Lying-in district, and if she does, he gives her a card, entering her name, age, address, and whether it is her first, second, third, etc., confinement. There is no examination. This plan has succeeded and works quite smoothly and has been in vogue for ten years or more. So that you see for all this time at Guy's we have decided the questions of whether pregnant women engaging a doctor for their confinement should be examined in a routine way, in the negative. I am not aware that any harm has arisen from this practice. We attend about 3,500 women per annum. Our mortality amongst these women is notoriously low. The late Matthews Duncan, a very shrewd observer, said he did not believe the statistics of the Guy's Lying-in Charity, the death-rate being so much lower than that of other hospitals and other places, and of the country generally. Whilst in the statistics of the Registrar-General the maternal mortality was seven to eight per thousand, it was only four to five per thousand in the Guy's Lying-in Charity. Even this has been lowered of recent years since the advent and evolution of asepsis. I think our statistics are correct, and I have elsewhere suggested an explanation of the low mortality we have always had. What I wish to emphasize here is the fact that there has been no rise in the mortality owing to the abandonment of routine examinations of pregnant women. It is probable that in the Guy's district the number of women with contracted pelvis is as great as perhaps in any part of the country. But how very few after all are such cases! And when they arise how easy it is to deal with them when labour comes on! It may be that forceps or version is required, or if a severe case, Cæsarean section is indicated. Maybe if a version is performed the child dies owing to the difficulty experienced in extracting the after-coming head.

But please consider that such a case would not occur once in several thousand labours. I mean a case of slight pelvic contraction, enough to prevent delivery by the forceps, head first, yet giving a chance of delivery by podalic

version; and even supposing a routine examination of every woman were made, it is not at all improbable that such a case of pelvic contraction would not be discovered. Because you must remember that the routine examination of women has not usually included careful pelvic measurements. Again, if it were found that there was a certain amount of pelvic contraction, the patient might be allowed to go to full term in the hope of delivering her by forceps or version. In others the induction of premature labour would be indicated. Hospital practice, however, sometimes differs from private practice, and what I wish to do this afternoon is to give you some advice.

Please remember that it makes a difference whether you are young and unmarried and a beginner. Speaking generally, I should say under such circumstances you had better follow out the plan we have at Guy's. Later on, when you have been in practice many years, it will not make much difference.

Nevertheless, what I should do if I were in your place is to make no hard and fast rule. In the very large majority of your cases you need make no examination whatever, neither need you suggest making one. If the patient expressed any anxiety as to whether all was right, then you should suggest an examination. If she were obviously deformed, a dwarf, or had spinal curvature, or one leg shorter than the other, or any other obvious defect which might affect the parturient canal, you might then suggest an examination. But under all circumstances have a nurse or a relative or friend present, if possible, at the examination, and let it be a thorough one, measuring carefully the distances between the anterior superior spines and the crista ilii, and as far as possible estimating the conjugate diameter by a vaginal examination, noting at the same time the presence or absence of tumours, cicatrices, congenital defects, displacements, &c.

On the other hand, if the lady is to all appearances healthy, well-developed, and normal in every way so far as you can judge without examination, you will be well advised in making no examination at all. Should such a lady suggest that she would like to know if all were right, or if her husband or mother or relative or friend suggested it, by all means do not refuse, but fall in with the suggestion. Such cases you will find, however, are not common, and the question of suggesting an examination will have to be decided by yourself on each case as it comes along.

Naturally you would ask if it were a first pregnancy. If not, you would enquire as to past confinements, and if they had been difficult or abnormal in any way, you might judge it advisable to examine. Nevertheless, speaking broadly, you will find that in the great majority of cases examination is unnecessary.

The next question is:—When the lady sends for you to say that labour has begun, ought you then to examine her as a matter of routine? In pre-antiseptic days it would have been far better for women if they had not been examined at all. The mortality amongst them would have been decidedly less had they not been contaminated by septic fingers and instruments, and to-day women who are delivered without skilled help, and who are not examined at all, do remarkably well as a rule.

Parturition is a physiological act. Nature has been working for thousands of years, and women are almost just as capable of delivering themselves safely without help as any other member of the animal kingdom. Fortunately for them and for you, examination can now be made in such a manner as to be practically innocuous. Had we discovered the cause of puerperal septicæmia without at the same time finding a method of avoiding the introduction of the poison, one would have been compelled to forbid all examinations except in a small percentage of difficult cases. But as you are well aware, the study of hand disinfection has enabled us to attain such a degree of surgical cleanliness that if you carry out the instructions thoroughly you can examine with almost perfect safety.

There are various methods of examination. Some use rubber gloves. These are now made so that they can be boiled. The objection to them is that the tactile sensibility is impaired. The thinner the rubber the less this is interfered with, but the greater is the tendency to tear, and the greater is the possibility of permeation by germs.

One great danger is, that after having made yourself as aseptic as possible for the purpose of making a vaginal examination, you may get the examining finger soiled by the bedclothes or by the vulva. I have suggested a method of avoiding this, and you will find complete details of this method in an address which was published in the *British Medical Journal* in March, 1904. That method takes about twenty minutes if everything has to be got ready—less, of course, if everything is ready. But these twenty minutes are well spent. Please

remember that in the majority of cases, if you have followed my advice, you will not have examined the patient before if she is a primipara, and if she is a multipara, it may be the first time you have attended her.

The information you obtain by an examination is so great and so important that with the considerations above mentioned it appears to me to be quite justifiable to examine as a matter of routine. In doing so you find out if the patient is pregnant, whether she is in labour or not, and the stage of labour, whether there is any abnormality in the presentation, if the parturient canal is normal, and whether there is any sign of coming trouble, such as hæmorrhage, draining of liquor amnii, prolapsed cord, etc. How to do all this comes of course in the ordinary lectures. What I wish to tell you now is this, that in the majority of cases it will not be necessary for you to examine again during that labour. For you will find as a rule that everything is normal, and when you know that fact you may safely leave the rest to nature. You can stay or not as you choose. Since the address already referred to appeared in the *British Medical Journal*, many medical men have told me it has quite altered their mode of practice. For now they are able to leave such a patient, feeling quite comfortable about them, whereas formerly they used to stay and make repeated examinations, besides interfering in many other ways, which were, to say the least of it, unnecessary. Of course you will find often enough that a patient will beg of you to stay even though labour has only just begun. Whether you do so or not will depend upon many circumstances, but the point is that you can go or stay, but in either case you need not examine again. Please remember that I do not pretend in this lecture to deal with the cases where two or more examinations are required, or where interference is needful. All those points are dealt with in the systematic lectures. But I am glad to find that this practice of making as few examinations as possible has been taken up by many practitioners, and is being taught by many teachers of obstetrics.

The third question is:—Ought a woman to be douched before or after labour as a routine measure? My answer to that is an emphatic **"No."**

During the evolution of asepsis, the Lying-in Hospitals of London, which had formerly been hotbeds of puerperal septicæmia, began to syringe every patient after labour. A double-channelled tube was passed up into the uterine cavity, and a solution of perchloride of mercury was injected. Puerperal septicæmia was eliminated, and the natural conclusion was, that it was the syringing that had done it.

But you must remember that at the same time everything about the patient and doctor and nurse were being made more and more surgically clean, so that at least part of the good results was due to that.

As time went on it was shown that puerperal septicæmia was due in almost, if not quite, all cases to the introduction of germs from without, and at the present time it is nearly certain that it is the streptococcus pyogenes aureus which is the germ that causes this disease.

At one time it was thought to be due to many causes. For example, scarlet fever was said to cause it, and great precautions were taken to prevent the least taint of scarlet fever getting anywhere near a parturient woman. But now it is known that scarlet fever breeds true, and if it attacks a woman in labour or just after labour, she does not acquire puerperal fever, but passes through the scarlet fever just as she would have done had she not been in labour. That is, of course, if she has been treated aseptically. Several of us pointed out that syringing was unnecessary if the patient were treated quite aseptically. That is, if no germs were introduced by the accoucheur, there were none to be washed out or killed by antiseptics. That this is true you have practical testimony in our own lying-in ward, where there is no syringing in normal cases, and where you will find the temperature charts as good as it is possible to obtain.

Moreover, to syringe a woman after labour is fraught with a certain amount of danger. for, of conrse, there is always a risk of a flaw creeping in and spoiling the asepsis.

The advocates of routine syringing were driven by argument into a corner, and finally took refuge in this, that women liked it, and that if a woman had once had it, she asked for it again at her next confinement. Also I have heard it said that whilst not necessary *after* labour it is a good thing to douche the vagina thoroughly *before* labour. Don't do anything of the kind unless you know that the vagina is unhealthy.

In most women it is free from germs, and indeed in the upper part of the vagina and in the cervical canal the secretions are said, on good authority, to be positively antiseptic. You might say it is all very well in a hospital, but what about private practice, more especially in the homes of the poor? Just the same principles apply. Have you never heard it said,

that a woman delivered in the gutter always does well so far as puerperal septicæmia is concerned? The accoucheurs of a past time used to be surprised at that fact. A girl, for instance, who had never been taught anything regarding obstetrics, and who had never seen a delivery or been present at one, would hide herself alone in a barn to conceal her shame, and would deliver herself safely of a living child and creep back to bed and have no fever. How was it? Certainly not because a gutter or a barn was a good place in which to be confined, but because such women were not examined and were not syringed, and thus their natural asepsis was not interfered with.

The next question is: Ought a child's eyes to have an antiseptic dropped into them as a routine practice to prevent ophthalmia neonatorum?

I am just as much opposed to this routine practice as I was, and am, to that of routine syringing after labour. At a discussion at the Obstetrical Society of London some two years ago I believe I was the only one who was present who opposed this line of practice (*vide* Obst. Trans., 1903). At the present time every midwife receives rules about dropping into the eyes of every newly-born child a few drops of a solution of perchloride of mercury (1 in 4,000). Crédé pointed out in 1881 that one drop of a 2 per cent. solution of nitrate of silver was far more efficacious than several drops of a solution of perchloride of mercury (1 in 4,000). One speaker at the meeting referred to said that at the Lying-in Hospital with which he was connected the nurses had instructions to drop the solution into the eyes as soon as the head was born far enough to enable them to do it! Over a year ago a child born in Victoria ward developed ophthalmia neonatorum and lost the sight of one eye and almost entirely also that of the other. On enquiry I found that the nurses were following out the usual instructions given to midwives, and that they had dropped perchloride of mercury solution into this child's eyes as soon as it was born. I also discovered that the mother was suffering from gonorrhœa. So that this routine method did not save the child's eyes, which had been contaminated by gonorrhœal pus. And, indeed, I am inclined to think that a much more thorough washing of the eyes with an antiseptic lotion than is done in this routine way would be required to prevent ophthalmia neonatorum supervening in a child born through a vagina diseased by gonorrhœa. Crédé has proved that a drop of a 2 per cent. solution of nitrate of silver would be more efficacious than several drops of a solution of mercury, But my contention is that most women are not suffering from gonorrhœa, and most children therefore do not run any risk of getting this dread disease, and that it is not justifiable to adopt this treatment in every newly-born child when the percentage of those who run a risk is so small. Hence, the proper practice is to find out before the birth of the child if the patient is suffering from gonorrhœa, and if she is not, then use no mercury and no nitrate of silver. If she is, do your best to cure her, or get rid of as much of it as you can before the birth. And at the birth wash the child's eyes very thoroughly, and use your antiseptic also very assiduously in order to prevent inflammation.

As a routine practice let the child's eyelids be washed and cleansed with some plain warm water or mild lotion, such as boracic acid lotion, the lids being touched, if they are wiped at all, only with some sterile gauze or wool. The eyeballs should not be touched at all, and no lotion or water should go into the eye if it can be avoided.

Such has been the practice in the Lying-in ward amongst my patients for over a year, and we have not had a single case of ophthalmia so far. It must be remembered that modern aseptic and antiseptic methods in midwifery at the present time are far different from what they were in 1881, when Crédé first recommended the nitrate of silver, and also the proportion of cases of gonorrhœa are far greater in a military town, whence his statistics were taken, than in non-military towns or in the country.

The next question is one which always arises when a woman becomes feverish after childbirth, and that is, should the case be notified?

It is very natural that medical men should try and avoid notification as much as possible, because the relatives and friends frequently, but unjustifiably, imagine that he is to blame, and that the fever has been brought by him, etc. Moreover, there is the upsetting of the house to render everything aseptic, stripping the paper from the walls and repapering, whitewashing, painting, etc., all expensive. I have known a genuine puerperal septicæmia called euphemistically influenza or pelvic cellulitis, in order to minimise the gravity of the case, and in order to avoid the necessity of notification. I remember a doctor, with whom I saw a case in consultation, strongly objecting to notification. But it was one of those highly contagious cases which are so dreadfully fatal. I persuaded him to notify, and the woman died on the tenth day.

Subsequently he expressed his thanks to me for having insisted on the notification. For the nurse had been told that it was puerperal septicæmia, and that she was not to go to another case until a certain time had elapsed, and until she had been thoroughly disinfected. Instead of which she went straight to another case which developed puerperal fever and died. When asked by the medical attendant of this second case about her last case, she gave the name of the last but one. The doctor went to the address given and discovered that this case had done well, but that she had gone to attend another patient (not his) from there. So he pursued his investigations and discovered the truth from the other doctor. Obviously had this doctor not notified his case the nurse might have justified herself in going to another case.

However, the difficulty comes where a patient has some pyrexia, and it is not clear whether it is a case of puerperal septicæmia or not. If you feel confident that it is not, then at least postpone notification; but if you do not feel sure whether it is septic or not, then notify. It is better to notify non-septic cases than to allow a septic case to go unnotified.

The last question is:—If a case of puerperal septicæmia occurs, ought the medical attendant to continue his midwifery practice whilst still attending the septic case? I have already answered this in the address quoted. My contention is that if a man is doing his duty by a patient with puerperal septicæmia, it is better that he should not attend to other confinement cases. I know it is sometimes done, and done successfully, without spreading the disease. Perhaps a doctor finds that one or more of his best patients are just expecting at that time, and he knows they will be offended if he does not attend. But supposing he does attend them and one of them develops septicæmia, could he be quite clear in his conscience? Would he be able to persuade the relatives and friends or his medical confrères, or even himself, that he was not the cause? Again, if a medical man engages a medical friend to attend his wife, and when her time comes this friend tells him he has unfortunately on hand a case of puerperal septicæmia, would he care to let him attend his wife? Of course he would not. How soon after finishing attendance on a septic case is a man fit to go on with midwifery practice? This, too, I have answered as twenty minutes or less.

It has been pointed out to me that if this be true, why should there be any objection to a man continuing midwifery practice whilst still attending to a septic case? Can he not make himself aseptic in twenty minutes? The answer to this is, that there is always a risk of a flaw creeping into the methods for attaining asepsis, and that if such a flaw did creep in it would be of very little moment in the case of a medical man with no septic case on hand, whereas it might be of fatal consequence if his hands were being daily contaminated by the deadly poison of puerperal fever.

Sometimes a doctor will say, Oh, but I do not touch her (the septic case), on the contrary I avoid even taking the pulse! In that case I fear he is not doing his duty. The septic case is the one that really requires help and attention, and he could devote himself whole-heartedly in giving this assistance if, at the same time, he suspended temporarily his ordinary midwifery practice; and if this is impossible let him get a locum tenens, or an assistant, or a medical neighbour who is willing to devote himself to the septic case, in order that he may go on with his confinement cases.

I hope when you get into practice you may derive some benefit from the discussion of these questions, which are always of great interest and importance to busy general practitioners.

# THE HOSPITAL APPEAL.

## Sixteenth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 53,877 | 16 | 0 |
| F. Bottomley, Esq. ... ... ... ... | 10 | 10 | 0 |
| A. MacRosty, Esq. ... ... ... ... | 10 | 10 | 0 |
| | 53,898 | 16 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 15th inst.) ... ... ... | 48 | 11 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £53,947 | 7 | 0 |

## Calendar.

November, 1905.

Sat. 18.—Mr. Golding-Bird and Sir Alfred Fripp's take-in; Drs., R. J. Reynolds and H. F. Joynt; Cl., R. Edridge.

Thur. 23.—Messrs. Symonds and Steward's take-in; Drs., E. W. Giesen and G. F. Stebbing; Cl., A. S. Jones.

Fri. 24.—January Dental Appointment list opened.

December.

Fri. 1.—January Dental Appointment List closed.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

### Sixteenth List of Collections.

(Received up to Wednesday, November 15th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 66,954½ |
| Alice, Sister (277½s.)—A Friend ... ... ... | 5 |
| Anonymous—"Bunch," 5; An old Patient, 15; Quid pro quo, 20; 'Olim Guyenses," 10; G. H. R., 10; Country Cousin, 5; Eastbourne, 10; A City Clerk, 5; Lux, 10; Portland Place, 20; Forget-me-not, 10; Reigate, 15; Anglo-Indian, 15; Oxoniensis, 10; G. P., 5; Hull, 10: Tunbridge Wells, 20; Sunday Visitor, 15 ... ... | 210 |
| Anonymous ... ... ... ... ... ... | 35 |
| Baber, Miss—Mrs. Solomon, 1; Mrs. Graydon, 1; Mr. Archer, 5 ... ... ... ... ... | 7 |
| Bright, Sister (896s.)—W. T. McHarg, Esq. ... | 20 |
| Cornelius, Sister (3s.)—J. W. Rozier, Esq. ... | 20 |
| Dorcas, Sister (704½s.)—Mrs. Jordon ... ... | 42 |
| Eames, Miss R. C. (1s.)—Miss Reid, 2; Miss McConnell, 1; Mrs. Scott, 1 .. ... ... | 4 |
| Edsall, R. C. V.—G. M. Bussy ... ... ... | 20 |
| French, R. E. (7s.)—Miss D. B. Ford ... ... | 26 |
| Golding-Bird, Mrs. (592s.)—Further collection ... | 33 |
| Harper, R. Sydney (33s.)—Mrs. E. Bicknell ... | 1 |
| Hearnden, Dr. E. Morgan—Mrs. C. Ackland, 42; Dr. and Mrs. E. Morgan Hearnden, 42 ... ... | 84 |
| Hickman, Dr. H. V. (129s.)—Mrs. E. Hickman ... | 5 |
| Holman, Miss B. (20s.)—Mrs. Chatfield ... ... | 5 |
| Luce, Dr. R. H.—Col. C. R. Luce, 5; Dr. Young, 1 | 6 |
| Lyons, Miss E. (45s.)—Mrs. Lyons... ... ... | 7 |
| Manchester, Miss (10s.)—Mrs. Dean ... ... | 10 |
| Miller, A. H.—Self and Friends ... ... ... | 28 |
| Mullins, Dr. R. C.—Miss Nott-Bower, 20; Dr. Geo. Turner, 10; Collection per Miss Helm, 4; Dr. K. B. Alexander, 21; Collection per Miss H. Maasdorp, 35; Dr. P. H. Ward, 5; Dr. R. C. Mullins, 21; Grahamstown Friends, 19; Dr. D. W. Smith, 5; E. L. P., 5 ... ... ... ... | 145 |
| Carried forward ... | 67,667½ |

| Name. | Shillings. |
|---|---|
| Brought forward ... | 67,667½ |
| Muriel, Dr. G. B.—H. L. M., 2½; E. A., 2; M. M., 1; D., 1; G. B. M., 21 ... ... ... | 27½ |
| Parkhouse, Mrs. (13s.) ... ... ... ... | 2 |
| Pinder-Farre, Mrs.—Miss Bond ... ... ... | 20 |
| Price, Miss—Mrs. Seymour, 1; R. Dimond, 12; S. J. Vousley, 1 ... ... ... ... ... | 14 |
| Taylor, Mrs. A. S.—Miss C. Taylor, 1; Miss E. Taylor, 1; Miss R. Taylor, 1; Miss L. Bassett, 1; Mrs. Mankar, 1; Miss Pease, 1 ... ... | 6 |
| Upham, Miss (46s.)—Miss Mildred E. Eldridge ... | 6 |
| Weymouth, Miss (35s.)—Collected by Miss Harris | 10 |
| | 67,753 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 172½ |
| TOTAL (up to 15th inst.) | 67,925½ |

## Notes from Skin Outers.

### Lupus.

The term Lupus used by itself is usually taken to mean lupus vulgaris, the most frequently met form of tuberculosis of the skin. "Lupus" is Latin for a wolf: probably in olden times it was confused with rodent ulcer, epithelioma, and tertiary syphilis under the title of King's Evil.

Tuberculosis cutis is one of the infective granulomata group; others are syphilis cutis, leprosy, mycosis fungoides and actinomycosis.

Tuberculosis cutis presents the following recognised clinical varieties:—

1. Lupus vulgaris.
2. Scrofulodermia (secondary implication of the skin from tubercular glands or bone).
3. Miliary tuberculosis of skin (rare; producing nodules and ulcers most common on the face).
4. Lichen scrofulosorum (an indolent folliculitis occurring in tubercular patients).
5. Erythema induratum, or Bazin's disease.
6. Tuberculides (due to toxins: possibly scrofulodermia, Lichen scrofulosorum, erythema induratum, and also lupus erythematosus are really tuberculides).

*Pathology of lupus.*—Mostly attacks the skin, especially of the face; also attacks the mucous membranes of the mouth and nose. The lupus nodules are situated primarily in the corium. Microscopically the nodules consist of granulation tissue, epithelioid (or plasma) cells, and giant cells. Lupus nodules often differ from other tubercular foci in being rather richly vascular. Tubercle bacilli may be found in the giant cells. The giant cell in tubercle has a clear or finely granular centre, with a more or less complete ring of nuclei at the periphery; they are not peculiar to tubercle, but occur also in the other granulomata, but in these the nuclei are not always arranged at the periphery.

*Clinically.*—A youngish patient suffering from a chronic, somewhat tuberculated, dull red, scaly or scabby, or even ulcerated skin disease. Suspect lupus. Examine carefully for "apple-jelly nodules;" these are diagnostic, and are best recognised by Unna's "diascopic method," which is a very learned term for a very simple proceeding. Take a glass spatula and press it firmly down on the suspected skin; by this means all inflammatory redness is made to disappear, and the lupus nodules stand out as characteristic yellowish-red semi-translucent-looking spots, which have very appropriately been likened to apple-jelly. They may be so small as to need hunting for with a lens.

Lupus is most common on the face, especially the nose, where it may begin in the mucous membrane or in the lachrymal canal; in the latter position it may remain unsuspected for months. Perhaps the next most common seat is on the buttocks, then the hands, feet and limbs. On the scalp primary lupus is exceedingly rare.

If pus organisms be grafted on to lupus, lupus exulcerans results with ulceration, scabbing and disagreeable discharge.

Lupus generally, but by no means always, begins in childhood. It is about twice more common in females compared to males.

It must be remembered that, in common with other forms of tubercle, multiple lupus often follows an attack of measles.

*Varieties of lupus.*

1. Lupus hypertrophicus: often seen in the upper lip, or in thickened patches of lupus elsewhere; it is due to solid lymphatic œdema *plus* ordinary lupus.
2. Fibroid lupus: nodules very dense and hard.
3. Lupus verrucosus, or warty lupus: due to inoculation, mostly seen about the hands, especially among butchers and pathologists—in the latter known as post-mortem wart or verruca necrogenica.

*Diagnosis.*—Remember the importance of recognising the apple-jelly nodules. A long-standing scabby spot on the face in the young is usually lupus, in the old rodent ulcer. The course of a gummatous syphilide is much more rapid and the history shorter; syphilis attacks bones, lupus does not do so directly, although they may be loosened and drop out from implication of surrounding soft parts. Lupus erythematosus is often very difficult to differentiate from lupus vulgaris; in the former the disease is often symmetrical, and if the scabs be removed the well-marked follicular plugs may be seen adhering to their under surface. With regard to epithelioma, it must not be forgotten that it may develop in an old patch of lupus.

*Prognosis.*—Whatever method of treatment be adopted, and after apparent cure, lupus tends to recur again and again.

*Treatment.*

I. *Surgical.*
1. Excision (for single localised spots).
2. Erasion (with Volkmann's spoon or the ringed curette).
3. Scarification (to divide vessels and thus starve nodules).
4. Cautery (galvanic or Paquelin).
5. Strong carbolic acid (for small single nodules).

II. *Phototherapy.*
1. Finsen light (by Finsen, Finsen-Reyn, Lortet-Genoud, and Leslie-Miller lamps). The results here are excellent.
2. X-rays (for mucous membrane lesions, and where there is much thickening or ulceration). Somewhat disfiguring telangiectases are apt to occur in the resulting scars where this method is adopted alone.
3. Radium (in small glass tubes may be applied in otherwise almost inaccessible spots, but the treatment is long and tedious).

III. *Wright's vaccine treatment.*

In this method, which has great promise, injections of Koch's T. R, Tuberculin are employed, treatment being guided by Wright's Opsonic Index. (See excellent article by Dr. Beddard in the GAZETTE, Ootober 21st, 1905, page 420.)

G. S.

# Notice.

## University of Oxford.

### EXAMINATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE.

MICHAELMAS TERM, 1905.

The examinations for the Degree of Bachelor of Medicine will commence in the Examination Schools on Thursday, December 7th, 1905.

The secretary to the Boards of Faculties gives notice that the names of candidates, entered on forms issued for the purpose, must reach him at his office in the Old Clarendon Building, Broad Street, not later than 10.30 a.m. on Tuesday, November 21st, accompanied in each case by the certificates of instruction required to be presented before admission to examination, and by a certificate dated and signed by the proper officer of a college or hall, or the censor of non-collegiate students, to the effect that the candidate's name is at that time on the books. The printed forms of entry, and all forms of certificates, can be had on application at the secretary's office.

The statutable fee must be paid at the time of entering the name.

On payment of an *additional* fee of two guineas, any name not received by the above-mentioned time can be placed in a supplementary list, and the candidate be admitted to the examination, provided that the form, fee, &c., reach the secretary before noon on Friday, December 1st.

C. LEUDESDORF,
Secretary to the Boards of Faculties.

Clarendon Building, Broad Street, Oxford.
October 2nd, 1905.

## Chapel Memorial.

The following is the first list of the names which are to be carved on the Chapel Memorial. It is hoped that our readers will supply the missing dates and names, and provide any necessary corrections :—

Charles Hilton Fagge, 1883.
Frederick Horatio Abken Mahomed, 1884.
Walter Moxon, 1886.
James Chadwick, 1887. (?)
Robert Edmund Carrington, 1887.
Francis S. Hawkins, 1888.
Leonard Charles Wooldridge, 1889.
J. B. Bettington (? date and Christian name).
Thomas G. Sherringham, 1891.
Guy M. Lewis, 1891.
Ralph G. James, 1891.
Thomas H. Green (? date).
John Charles Steele, 1892.
Frederick J. Blewitt, 1893.
Arthur Ellis Durham, 1893.
Edgar B. Marriott, 1893.
Frank W. Goldie, 1894.
Robert F. Macdonald, 1899.
John Neville Davies-Colley, 1900.
Edwin Stott, 1902.
John W. Washbourn, 1903.
—. Fayre. (?)
Leslie A. Fothergill, 1903.
Robert C. B. Shaw, 1904.
Malcolm McPherson, 1904.
Cecil H. Douglas, 1905.

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Clara Lumley.
Matilda Botwright, 1892.
Margaret Keogh, 1897.
Elizabeth Ling, 1882.
Susannah Lee, 1886.
Alice Lindon, 1888.
Milly Lock, 1890.
Helena Peckham.
Annie Pinfold, 1896.
—. Hughes, 1897.
Kate Hands, 1898.
Rachel Roberts, 1890.
Frances Whitnell. (?)
Agnes Cutting, 1894.
Mary Dance, 1893.
Eliza Hern, 1901.
Edith Wooll, 1901.
Constance Heygate, 1902.
Margaret Cotton, 1902.
Norah Wigney, 1903.
Alice Bailey, 1903.
Olive Barnard, 1904.
Florence Lew, 1904.
Elise Riley, 1904.
—. Lewis. (?)
Elizabeth Godby, 1905.

## The Night of his Life

(An Extravaganza).

The night had come! As he walked into his room he realized with a sinking heart that the whole course of his future life would irrevocably be settled in the next few minutes.

For a little while his haggard face showed how fully he feared and realized the implacability of his destiny. Then as he nerved himself his face resumed its ordinary expression of watchfulness, mingled with a haunting fear of the unknown and immaterial.

The glow of the wood fire showed how suited he was physically for this battle of and for his life.

His usually quick decisive actions were blunted by a restraint which was evidently irksome to him, and for a short time he was but as a straw—tossed hither and thither, battered and bruised, to the topmost heights, then down—down to the depths of darkness. But with a tremendous effort of will he became himself once more and stood immovable as if in meek and humble supplication.

He trembled now, and his eyes, after roaming restlessly round the room, became fixed with a magnetic intensity upon a cupboard far distant at the end of the room, and which in the half-light appeared to be shrouded in gloom and sinister evil. The door was half open, showing in the interior—which seemed to stretch back through all the ages—a dim white shadowy evanescent Thing which swayed as if shaken by uncontrollable emotions.

It seemed to beckon him relentlessly onwards, and bowing to his fate he drifted slowly towards the cupboard—nearer and nearer.

With the cry of a hunted beast at bay, he stretched forth his arms into the cupboard—which seemed to stretch back through all the ages—and for a moment his actions were wrapt in the oblivion of the dim white Thing.

Then they struggled out into the middle of the room—locked in each others arms, swaying, swaying everywhere and speaking not. The very atmosphere and ornaments seemed emanating airs of menacing expectation, as if they

gloated over the crushing of a human soul soon to be torn from its mangled dwelling-place and banished to the Unseen. He was lying on the floor now with the dim white Thing clutching him nearer—nearer—tighter and tighter. With a tremendous effort he regained his feet—to continue this awful struggle. A trip, a cry, and he turned faint as a slow warm trickle of blood traversed his pale brow which had collided with the fire-dog.

He nerved himself for the Finale. The dim white Thing was settling down upon him, smothering his poor human gasping cries, coming from the utmost depths of his being. His face was pallid and he was choking, but still trying with his remaining strength to keep his hold on the life he loved.

Inexorably the Thing tightened and embraced him with the kiss of death. No cry came from him, and the room was deathly still. Then he made the supreme effort with the veins of his arms starting out as rocks on hills. The very silence seemed to speak and only the agony on his face could be realised. Then—a choke—an agonizing awful gasp in which all breath left him—a fearful death rattle and staring eyes that saw not, the dim white shadowy filmy evanescent Thing had claimed its own. His first Dress Shirt fitted perfectly!

H. G. S.

## Dental News.

APROPOS of the hæmorrhage cases we published in our last issue, we are indebted to Mr. Hopson for a method of applying pressure to a bleeding spot upon the *gum*, which may be used where, say, the sole remaining tooth has been extracted, and where, of course, the aforementioned "wooden wedge" method would be inapplicable.

Bend up a piece of pianoforte wire so as to obtain a spring on each side of the gum—like the woolroll clamps for controlling saliva, with spikes on them. To these spikes pads may be attached, and in that way firm pressure maintained at almost any bleeding point in that region.

The following cases may be of interest.

CASE I.—Patient, a male, æt. 24, came to the Front Surgery with a big swelling beneath his chin. He gave no history of blow or other immediate cause. Boric fomentations were applied, an incision made and much pus was drained away. His teeth were in a dirty condition and covered with tartar, and he was referred to the Dental Department.

On examination, the patient presented very marked attrition and a great accumulation of tartar, also advanced pyorrhœa with a free discharge of pus from the pockets, and two of his incisors were loose.

The case was then diagnosed as unusual suppuration due to pyorrhœa, and the swelling after three or four days increased rapidly and extended back on the left side as far as $\overline{|7.}$ His incisors and lower left premolars were extracted.

After removal one of his incisors was found to be dead and putrescent, and on questioning, the patient said he had some recollection of a blow from a fall upon his chin from a cart some four years ago. The sockets have been drained and syringed daily since, and all suppuration has now disappeared.

Mr. Simms isolated from the organisms contained in the pus the staphylococcus pyogenes aureus, which is very rarely found in pyorrhœa alveolaris, so it is presumed that the suppuration was after all the sequel to the death of the pulp of one of his incisors, the subject of concussion.

CASE II.—Patient, a female, æt. 37, presented an epulis on the labial side of the gum, growing from the septum between $\overline{3 \& 2|}$. It was flattened and pedunculated and extended from the lower border of the sulcus up to the tips of the teeth. In colour, the growth was for the most part that of the normal gum, except where, on its surface, it had been rubbed by the lip, and was of a bright red colour, showing increased vascularity.

The patient had noticed a small nodule there for many years, but it had increased rapidly in size during the last six months, although she had never had any pain or discomfort from it. The teeth were not pressed apart nor loosened at all.

*Treatment.*—$N_2O$ was administered and $\overline{3 \& 2|}$ extracted, the epulis was then cut off with scissors, the septum removed with excising forceps, and the bone well scraped with a Volkmann's spoon.

Epulides generally spring from the periosteum covering the septum between two contiguous teeth, but some seem to arise from the anterior surface of the alveolus, and when this is the case the situation is usually the region of the maxiliary canine.

In structure they are composed of bundles of fibrous tissue with a scattering of elastic fibres. Most examples contain a few myeloid cells, and in some spicules of bone are present.

They do not, as a rule, recur, if the septum be removed and the bone well scraped.

## Papers by Guy's Men.

Cancer of the Stomach, its Clinical Varieties Diagnosis, and Treatment. By John Fawcett, M.D., F.R.C.P. Lond.—*The Clinical Journal*, 8th & 15th November, 1905.

# "Sammy and our Mammy," or Sally in our Alley.

(As delivered by the Junior Charity.)

Of all the boys that are so smart,
There's none so smart as Sammy;
He is the darling of our Art,
And Guy's his Alma Mammy.
No lady has a kinder hand,
Or's gentler-like than Sammy;
His name is known from this here land
To Seringapatamy!

Of all the days that's in the week,
We dearly love this one day—
The day on which he comes to speak,
And that is "Take-the Bun"-day!
Then, 'tis confessed, we're at our best,
And all to talk with Sammy,—
He is the darling of our Art,
And Guy's his Alma Mammy

The Hospital, and patients all,
They love the name of Sammy;
And who, when he's Examiner,
But would not be Exam-ee?
But now his long, long years are out,
At Guy's, his Alma Mammy,
We shall regret, but ne'er forget,
Our grand, and dear old Sammy!

Guy's, October 8th, 1885.

This poetical skit, by W. L. Braddon, has been sent us by Fleet-Surgeon Robley Browne.—[Ed.]

# Pupils' Physical Society.

A pathological meeting of the Society was held on Saturday, October 21st, in the Wills Library, at 8 p.m. Mr. F. W. Morton Palmer was the president of the evening. The following specimens were shown:—

Melanotic sarcoma of the liver. By Mr. Cameron.
Cysticercus of eyeball, microscopic specimen. By Mr. Louisson.
Congenital glioma of the retina, both macroscopic and microscopic specimens. By Mr. Louisson.
Primary carcinoma of the gall-bladder and bile-ducts. By Mr. Chisolm.
Fat necrosis in the omentum. By Mr. Stevenson.
Sarcomatosis cutis, with terminal infective endocarditis. By Mr. Stevenson.
Lymphatic leuchæmia blood-film. } By Dr. French.
Lymphatic leuchæmia kidney. }

There were twenty-eight members present, and the specimens were actively discussed by Messrs. Cameron, Louisson, Stevenson, Chisolm, Cooper, Digby, Hughes, Stebbing, de Villiers, Layton, Greene, Walker, Palmer, Hicks, Fagge, and French.

A clinical meeting of the Society was held on Saturday, November 4th, in the Wills Library, at 8 p.m. Mr. W. M. Mollison was the president of the evening. The following cases were shown:—

Mooren's ulcer of eye By Mr. Louisson.
Retrobulbar neuritis of one eye only (two cases). By Mr. Louisson.
Post-diphtheritic neuritis. By Messrs. Clatworthy and Morres.
Dextrocardia, and transposition of liver and spleen (adult). By Mr. Leipoldt.
A Cretin from Plumstead. By Mr. Edridge.
Cerebral syphilis with spinal cord scleroses. By Mr. Purdom.

There were fifty-three members present; each case aroused great interest and good discussion, in which Messrs. Mollison, Louisson, Walker, Stevenson, Carter, Chisolm, Glanville, Morres, Leipoldt, Edridge, de Villiers, Payne, Greene, Knight, Purdom, Fagge, Hicks and French joined. The meeting adjourned to coffee at 10.5 p.m.

# Specialities.

## Ozone.

We have received from the Ozonair Company, Ltd., several pamphlets describing the machines which they are now placing on the market for the production of Ozone by the action of an alternating electric current of high frequency on the oxygen of the atmosphere. If a supply of alternating current be available the machine can be run very simply at an outlay of only one penny per sixteen hours for continuous working, so that the cost of the machine, £50, is the only expense, the working expenses being almost negligible. A machine is also made at a slightly higher cost to be run by the ordinary continuous current as supplied to most houses. The value of Ozone as a powerful oxygenator and disinfector is well known and vouched for by many eminent scientists; it is a species of concentrated oxygen, and being so readily and cheaply produced by this company's machines it should soon be very extensively used, and the machines should be installed in all newly-built hospitals.

## Cyllin.

In view of the prevalence of glanders in Ireland, the Jeyes Sanitary Compound Company have carefully determined the carbolic acid coefficient of Cyllin—the new disinfectant produced by this company—against bacillus mallei. Professor Klein reports that Cyllin is fifteen times as powerful as carbolic acid in destroying this bacillus—a further confirmation of the reliability and power of this new preparation.

# Guy's Hospital Debating Society.

"It was not made with the mountains, it was not one
with the deep:
Men, not gods, devised it, men, not gods, must keep.
Men, not children nor servants, nor kinsfolk called from
afar,
But each man born in the island broke to the matter
of war."—KIPLING.

A meeting of the above Society was held in the College Smoking-room on Saturday, Nov. 11th, Dr. Beddard in the chair. The minutes of the previous meeting having been read and signed, and several matters of private business having been settled, the Chairman called upon Mr. F. Goble to propose "That in the opinion of this House, Conscription is absolutely necessary if this country is to maintain its place among the nations."

Mr. GOBLE was evidently labouring under the delusion that he had strayed into a lunatic asylum, for he started by saying that any speech of his in justification of the motion would be superfluous if he were addressing an assembly of sane people, and then proceeded to harangue the House for twenty-five minutes with a speech that had every characteristic of streaky bacon; for he punctuated his bursts of eloquence (which he read verbatim from his notes) with halting and meaningless sentences which he attempted to speak extempore. Knowing that the House knew him sufficiently well not to take him seriously, he felt bound to pad his speech with awe-inspiring statistics, which no one could verify, and copious quotations from Huxley and Kipling, that no one could dispute. He then proceeded to perform the most wonderful mathematical feats, proving to the satisfaction of himself, if not to that of the House, that, by increasing our Army threefold, we should reduce the cost, on the principle that while the baker loses on each loaf he sells he makes a living out of the quantity. Perhaps the most notable feature of his speech was that he stated (and *he* should know) that the Army and Navy were recruited from the sweepings of the gutter.

Mr. J. N. WATSON, feeling the weakness of his position as leader of the opposition, thought it necessary to entrench himself behind a chair, from which point of vantage the House caught occasional glimpses of him as he poured forth passionate appeals to the honourable proposer to withdraw the most telling parts of his speech and to seek refuge from the fury of the House behind the ramparts of the opposition.

When Mr. A. LEEMING, who seconded the motion, arose to address the House, his voice was choked either by emotion at seeing his own brother among the enemies of the constitution of England, or else by his lately-acquired and assiduously nurtured moustache. In the few words that were audible he appeared to appeal to the common-sense of the House, and, amidst the jeers of the multitude, he evidently arrived at the same conclusion as the honourable proposer, viz., that the House had none.

Mr. A. N. LEEMING, the renegade brother, seconding the opposition, seemed to think that appealing to the common-sense of the House was sufficient argument on his own side; in fact, to save time, we may say that every speaker adopted the same tactics and arrived at the same conclusion.

Modesty forbids us to repeat the remarks of Mr. H. J. Smith, who was the next speaker.

Mr. E. P. MINETT, speaking from a large experience in the Yeomanry, said that nobody could touch pitch and not be defiled.

Mr. TURNER O'CALLAGHAN, true to his race and with his eternal smile, made the following sage remark:—"That if you had two armies of the same size you would have double the number of men."

Mr. A. R. THOMPSON next arose and spoke in his well-known and popular style. Glaring aggressively at the previous speaker he said that when *he* entered the wards he had been taught to keep silent. Feeling confident of the ignorance of the House he thought it a good opportunity to air his knowledge of the ancient history of Turkey.

Mr. J. T. PRESTIGE, who represented in person the "entente cordiale" (but failed to enlighten the House as to the correct pronunciation of the expression) said that imitation was the sincerest form of flattery.

Mr. D. REYNOLDS quite irrelevantly remarked that when he extended himself (sic) at fifty paces in a fog he invariably had sufficient initiative to find his way to the nearest public house.

Mr. H. HENDERSON said that he had noticed that the frontier of India was self-defensive. More appeals to common-sense.

Mr. H. O. BROOKHOUSE, ditto (without the self-defensive frontier).

Mr. J. C. BROOKHOUSE said that we must measure distances not in miles but in hours. We understand that he lives on the S.E. and C.Ry.

Mr. M. DE L. ROBINSON, harping on the old string, said that, although previous speakers had made frequent appeals to common-sense, they had shown themselves to be lamentably lacking in that useful quality.

Mr. FRAEDERSDÖRFF, with maidenly shyness, assumed a strategic position on the fence, and ventured to suggest that we might save bloodshed in the House by supporting both sides under the name of compulsory volunteering.

A visitor informed us that he was a business man and thought that conscription would be a good investment.

Mr. G. F. STEBBING hurriedly supported both sides, and in his well-meant endeavours nearly choked. It is not known on which side he voted.

Mr. S. McK. SAUNDERS said that he never did any work after returning from camp. The honourable proposer, interrupting, informed us that this was a deliberate attempt to mislead the House, since Mr. Saunders never did any work under any circumstances.

Mr. WATSON made one last despairing appeal to the honourable proposer and fled from the House without waiting for the division.

Mr. GOBLE, who had evidently exhausted himself by his frequent interruptions, could only gasp out "cowards!" and resume his seat in astonishment at the effrontery of the opposition.

The motion, on being put to the House, was lost by a majority of two, fifty-five members and three visitors being present.

A vote of thanks to Dr. Beddard for taking the chair brought the meeting to a close.

# Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

## Maze Pond.

DEAR SIR,—I have frequently been asked the question: "Why is it called Maze Pond?" I have frequently given a fictitious explanation, but the fact is I do not know the real origin of the name. Can you, or your readers, tell me its derivation and history?—I am, yours faithfully,

ONE WHO HAS OFTEN LIED.

Guy's Hospital, 12th November, 1905.

## Students' Chapel Choir Supper.

DEAR SIR,—Will you favour me by allowing the following notice to appear in your next issue?

The Third Annual Supper, held in connection with the Students' Chapel Choir, will take place on Saturday, November 25th, at 6.45 p.m., in the Reading-room of the College.

The charge will be 1/6 per head, and will be levied during the evening.

Morning dress will be worn.

Will all those desiring to be present kindly inform the Secretary of the same at their earliest convenience?

Thanking you in anticipation,—Yours, etc.,

F. HOLCOMBE FULLER, Hon. Sec.

11th November, 1905.

## Evolution in Spelling?

DEAR MR. EDITOR,—A little while ago I was looking over some notes, which had been given by a "coach" to a young friend of mine who was going up for the London M.B., and noticed mention made therein of the *guiacum* test.

A few days ago, while reading a letter from a well-known consultant, I noticed that he also wrote *guiacum*.

To-day, in the GUY'S HOSPITAL GAZETTE, on page 442, first column, last line, I once more find *guiacum*.

I well remember, when assistant surgeon's dresser in the early seventies, Mr. (now Sir Henry) Howse catching several of his dressers and ward clerks tripping over the spelling of the word guaiacum.

Has this word undergone a process of evolution during the last thirty years, and dropped one of the apparently superfluous "a's"? Or is this change in spelling the word an Americanism?

Pray excuse this criticism from a constant reader of the GAZETTE, and an erstwhile

SUB-EDITOR.

London,
23rd October, 1905.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Medical Electricity and Light Treatment: A Practical Handbook for Nurses.* By Kate Neale, Sister-in-Charge of the Actinotherapeutic Department, Guy's Hospital. Pp. 98. Price, 2s. 6d. net. (The Scientific Press, Ltd.)

In this little work, the authoress claims simply to explain to nurses the theories and applications of medical electricity, so as to give them a good working idea of the subject, the successful application of electricity in medicine entirely depending on a knowledge of the elementary principles of the science. The difficulty of explaining in popular language the intricacies of a scientific subject are well known to everybody, and we can only say that Miss Neale has accomplished her task in a most praiseworthy manner; the book is written in a clear, readable style, and cannot fail to make the reasons and methods of this or that form of treatment intelligible to anyone who reads. The arrangement is simple and methodical, each section beginning with a short description of apparatus, then the correct method of using it, with the dangers to be avoided and the diseases for which it is commonly used. The various sections comprise Galvanism and Farradism, Static Electricity, High Frequency Current, X-ray, and Finsen Light. In the chapter on X-rays, a little more might have been said with advantage on the connecting up of the "tube" and induction coil. One gathers from the text that either terminal of the coil may be attached to either end of the tube; nor is there any mention made of the phenomena that present themselves in the tube on the current passing the wrong way. The section on Light is particularly pleasing, both in the chapter on theory and the chapter on application; in the latter we note many points not given in the larger text-books of the subject and the outcome of much practical experience. The description of apparatus is emphasised by a series of admirable illustrations, all the instruments in common use being depicted with great clearness.

There is an exceedingly liberal index, and the book will undoubtedly form a valuable addition to the nurses' library.

*The Administration of Ethyl Chloride.* By G. A. H. Barton, M.D. Pp. 36. (H. K. Lewis, London.) 1s. 6d.

As a means of inducing anæsthesia and maintaining it for a short period, Ethyl Chloride is taking the place of $N_2O$ very rapidly, so that any book which aims at instruction in its use is sure to be popular and widely read. As a most useful and practical guide, we can heartily recommend Dr. Barton's book, and can advise all medical men to read it, as it gives thoroughly practical and sound advice. Dr. Barton has himself administered it 1,500 times, and, though strongly recommending its use, he does not belittle its dangers—a strong point in favour of a writer on a new drug. "Compared with other anæsthetics, I think there is no doubt that ethyl chloride comes some way after nitrous oxide gas in point of safety, but it is a good long way ahead of the rest."

Few practitioners would care to maintain anæsthesia for any long period with this drug, but the author often uses it for procuring twenty minutes' anæsthesia, though we consider the estimated cost of fourpence per minute prohibitive. An excellent pamphlet, which should be in the hands of every member of the profession.

*Physical Education of the Young.* By Samuel Smiles. Edited, with additions, by Sir Hugh Beevor, Bart., M.D. Pp. 221. (The Walter Scott Publishing Compy.) 2s. 6d.

This book was written in 1838 by a shrewd surgeon, and many of the observations made then by Samuel Smiles are as true to-day as they were at the beginning of the late Queen's reign; so that, full of quaint phrases and peculiar diction, a reprint of his sayings is most acceptable.

Sir Thomas Beevor has not been content, however, to add a few explanatory notes with a preface. He has incorporated much of his own material with the text, and, like a bad architect, has left no trace of his restoration. There are absolutely no means of discovering which words were written by Samuel Smiles and which by his editor.

*Chururgia dell' Ulcera Gastrica, dal Dott.* Mario Donati. Pp. 348 and cxvii. (Carlo Clausen, Torino.) Lire 8.

This Italian work, by the Assistant Demonstrator in Operative Surgery at Turin University, is a valuable contribution to the literature of gastric ulcer—the surgical treatment of which in its acute and chronic forms has made such recent strides, and is so keenly advocated by Robson and Moynihan—surgeons whose works are so freely quoted by this Italian surgeon. The book, which is of course stitched in a flimsy paper cover, commences with several chapters on the etiology and diagnosis of gastric ulcer and its complications, in which we notice that Doctor Donati considers that where carcinoma follows gastric ulcer the sequence is a mere accident—"so many persons suffer from gastric ulcer, and carcinoma of the stomach is also so common that it would be strange if there were not some people in whose stomachs both conditions occurred at different periods of their lives," a more advanced view than even English surgeons take.

There is an excellent chapter on hour-glass contractions—"*Stomacho a clessidra*," and we are given clinical reports of 98 cases from Prof. Carl's *clinique*, all of whom he operated on, mostly by gastro-enterostomy. Doctor Donati has collected no fewer than 1,041 cases of surgical operations on the stomach, to obtain which he has ransacked the world's medical literature, and these he gives in a tabular form. Some diagrams and an index would add considerably to the value of the book, both for reading and reference.

*Introduction to Chemical Analysis.* By Hugh Candy, B.A., B.Sc., F.I.C. Pp. 114. (Messrs. J. & A. Churchill.) 3s. 6d. net.

This small book should form a very good introduction to analytical chemistry. It treats of the three main branches of the subject: Qualitative Analysis, Preparation and Purification of Compounds, and Quantitative Analysis in a peculiarly lucid manner.

The subject is agreeably introduced to the reader in an introductory chapter, where the author shows that the process involved in analysis is the same as is met with in every-day life in the unconscious identification of a friend, or in the identification of a criminal by the Bertillon system. In fact, that analysis is merely diagnosis from physical signs.

There is nothing very original in the subject-matter or its arrangements. Only the most useful tests and methods of separation are given, and reasons for each step in an analysis are supplied. The book is thus most suitable for a beginner, and he should find no difficulty in taking an intelligent interest in his work.

The chapter dealing with the identification of the acid radicle would have been much improved by the inclusion of a preliminary examination of the solid substance with sulphuric acid. Examination for acid radicle by the interaction of solutions alone is always apt to lead the beginner into error.

In the choice of organic preparations, we feel that the author has been peculiarly happy, though perhaps an example or two from the benzine series might have been included with advantage.

The section dealing with quantitative analysis is well written, and each step carefully explained.

The chief value of the work lies in the explanation of the subject, though it must be understood that the ground covered is elementary, and only suitable for the beginner.

The book is nicely got up, and free from typographical errors.

*A Manual of Chemistry.* (Third Edition.) By A. P. Luff, M.D., B.Sc., F.R.C.P., F.I.C., and F. J. M. Page, B.Sc., F.I.C. Pp. 538. (Cassell & Co., Ltd.) 7s. 6d.

This book, with its high-sounding title, produces a feeling of great disappointment on the reader. In the preface we are told that it is specially written for students of medicine, and that the authors undertook "the task of writing this book in the hope that it may fill a long-felt want and assist the student in acquiring a sound knowledge of the principles of Chemistry."

We can imagine that it was a task to write what is most certainly a task to read. The subject is rendered dry and uninteresting from start to finish. One would imagine, after perusing this work, that Chemistry was a catalogue of facts having only slight relation to each other. This may be the result of an attempt to compress such a large subject into small compass, but we fail to understand why the medical student should be given his intellectual food in tabloid form.

A few words on ferments are introduced into the opening chapter of the section dealing with organic chemistry. Not a word is said on their chemical analogies, the catalytic agents, such as the colloidal solutions of the metals. In fact, the reason for the inclusion of the ferments in the book at all is obscure.

A catalogue of the active principles of drugs used in medicine is included, and, if the structural formulæ are given, no reference is made to the physiologically active part of the molecule. No hint is given of the way the activity of a drug may be modified by the introduction of methyl ethyl and other groups. It is precisely on these lines that the chemist and the physician meet in the pharmacologist.

The book renders the subject difficult to the beginner by its brevity and lack of interest. As a catalogue of facts it is deficient.

*Electrolysis in the Treatment of Facial and other Blemishes.* By J. D. P. McLatchie. (Henry J. Glaisher.) 1s. net.

This small pamphlet, which consists of seventeen pages of matter, with ten pages of advertisements tacked on, pleads for a more extensive use of electrolysis in "cosmetic" operations, such as the removal of hairs nævi and warts. Many useful tips are given, and a strong case made out for this form of treatment.

## Guy's Physiological Society.

A MEETING of the above Society was held on Monday, November 13th, when an interesting paper was read by Mr. G. Haycraft, on "Dreams and Delusions," which was followed by a discussion. The chair was taken by Mr. L. C. Leipolt, in the unavoidable absence of Dr. M. S. Pembrey. About fifty members were present.

Next meeting, Monday 27th. Cerebro-Spinal Nervous System, by Mr. Haesman.

R. A. RANKIN, Hon. Sec. & Treas.

## In Lighter Vein.

FOR EXCHANGE.—Advertiser has several hundred bulbs for disposal. Willing to sell or exchange. Would take several back numbers of *B.M.J.*, $\frac{1}{12}$ oil immersion, or any new hat.

* * * *

FOR SALE.—Thoroughly seasoned old timber from lecture room—scenes of our youth—handsomely carved. Suitable for rustic garden seat, or would make good overmantel for consulting room. [Honestly come by!]

* * * *

TO BE GIVEN AWAY.—Complete anæsthetic service, in every way superior to those supplied by ordinary firms. Cut glass, twenty pieces at present. When broken, can be matched. Apply Coles.

* * * *

BRIGHT.—Surgeon, certificated and highly recommended, has a *few* surplus beds for disposal among colleagues

* * * *

ELECTRICAL DEPARTMENT.—Rubbish may be shot here.

* * * *

CLINICAL.—A few vacancies for aged and infirm females. Home comforts for declining years. Medical man on the premises.

* * * *

FOR SALE.—[Owner selling for private reasons.] A brick-field, partly worked out. Would take in exchange a pianola or Newfoundland dog.

* * * *

TO INVENTORS AND OTHERS.—How to make money! A million shillings in a month! Easily made in your own

homes! Apply for further particulars at the office, sending twelve stamps.

* * * *

TO NIGHTWORKERS.—Are you hungry? Why eat cold mutton and underdone potatoes? Our patent pulverised vest-pocket hunger-preventing meals, always ready, always to hand. Price 5 cents.

* * * *

A BARGAIN.—Owing to changes on our Staff, we are prepared to part with our entire stock of old surgical instruments, very quaint and curious. Have been in present hands for several generations. Would take in exchange one *serviceable* pair of Lane forceps.

* * * *

TO BE DISPOSED OF.—Nucleus of a good sound practice. No ready-money taken, and no dispensing unless wanted. Spacious premises in which the practice has been carried on for over a century; room for building. Especially suitable for a children's specialist. Apply Front Surgery.

* * * *

CONSULTANTS requiring a consulting room should apply to advertiser, who can recommend large airy room he is soon leaving. Nurse within easy call, use of telephone, electric light, heated by hot air, and *steady* man servant in livery. Address A.H.P. Room, Guy's.

## Pass List.

**Royal College of Physicians of London, October, 1905.**

EXAMINATION FOR THE MEMBERSHIP.

J. G. Harsant, M.D. Lond.

## Sport.

FOOTBALL FIXTURES.

Saturday, November 18th.

G.H.R.F.C. I., v. Old Merchant Taylors, away.
II., v. St. Bart.'s "A," home.
III., v. London Welsh III., home.
G.H.A.F.C. I., v. Old Westminsters, home.
II., v. Sevenoaks School, away.

Wednesday, November 22nd.

G.H.R.F.C. III., v. United Service College, away.

Saturday, November 25th.

G.H.R.F.C. I., v. London Irish, away.
II., v. Old Charltonians, home.
III., v. Old Whitgiftians II., away.
G.H.A.F.C. I., v. Old Cranleighians, home.
II., v. Reigate Priory "A," away.

Saturday, December 2nd.

G.H.R.F.C. I., v. United Services, away.
II., v. Beckenham "A," away.
III., v. King's College Engineers, away.
G.H.A.F.C. I., v. Beckenham, home.
II., v. Beckenham "A," away.

## Rugby Football.

GUY'S v. ROSSLYN PARK.

Played at Honor Oak Park on November 4th. Guy's kicked off towards the pavilion, and at once set up a hot attack. The forwards got off their marks at once, and were playing a good bustling game, besides heeling the ball cleanly. Owing to the greasy state of the ground, however, the backs could not do much passing. A good forward rush took the ball right on to Rosslyn Park's line, where it went into touch. A long throw-out was very nicely taken by Covell, who, running in, jumped for it and scored between the posts. Archer converted. From the kick-off, Guy's again returned to the attack, but heeling the ball our half failed to gather, and the opposing halves started a rush. Our backs were here very much at fault in failing to fall on the ball, and let Rosslyn Park score between the posts. The kick at goal failed. Rosslyn Park now attacked again, but Guy's kept them out, and when half-time was called the game was being fought in neutral territory.

A scrum in mid-field followed the kick-off, and the Guy's forwards wheeling well, made a splendid rush, which ended in a try by Williams between the posts. Archer converted. Rosslyn Park now played up in determined fashion, and their forwards got them the ball more often. A nice passing rush by their three-

quarters saw Lewis away on the wing, but T. P. Jones got across well, and tackled him beautifully in front of the stand. Another bit of passing by the Rosslyn Park backs followed, but this time Archer put an end to it by tackling Glover heavily. At this point Pinching came out of the scrum, and took Archer's place on the wing, the latter coming into the scrum. Guy's gave their backs the ball, and a nice bit of play looked like a certain score, but Digby passed inside instead of giving it out to his wing. Scrummaging followed in Rosslyn Park's twenty-five, and from a loose scrum one of their forwards kicked too hard, and Pinching made his mark. Saunders took the kick and landed a very nice goal. The remainder of the game was evenly contested, and when time was called Guy's were left victors by 14 points to 3 points. Team :—

GUY'S.—H. G. Gibson (back); L. B. Stringer, G. C. Covell, W. E. Digby and H. Archer (three-quarters): T. P. Jones and F. J. Cutler (halves); W. G. Pinching, S. McK. Saunders, H. R. Mullins, A. Alcock, W. E. Williams, L. Milton, D. Stout and G. C. Sprague (forwards).

REMARKS.—The forwards all played well, Pinching, Saunders, Alcock and Williams being very prominent in some good rushes. At half, Cutler is still slow at getting the ball away from the scrum, and kicks too hard when he should dribble. Archer made a very creditable first appearance on the wing, but he is too good a forward to be spared from the scrum. Covell showed distinct improvement, both in attack and defence, but must remember to go low for his man always. Digby and Stringer both played very much below form, although Digby made one or two dodgy runs, which he spoilt by failing to pass. Gibson had very little to do at back, but should have fallen on the ball when Rosslyn Park scored.

### GUY'S v. STREATHAM.

This match was played on November 11th at Honor Oak Park, on a muddy ground, in pouring rain, and the few enthusiasts who turned up were treated to a very poor exhibition of football. Soon after the kick-off, Guy's attacked, and the forwards heeling out well, the three-quarters had some good chances, but failed altogether to make any use of them. Baker was much too slow getting the ball away from the scrum. Streatham rushed the ball down the field, but Gibson saved well and made a good kick into touch. Again Streatham attacked, and despite the good work done by our forwards, they managed to score a try and kick a goal. This was the only score before half-time.

The second half was a repetition of the first. Time after time the Guy's forwards, headed by Williams and Pinching, took the ball the whole length of the field only to lose it over the goal-line. The backs were, if possible, worse than in the first half, Gibson being the only redeeming feature. Cutler made a few good kicks. Eventually, after a good rush, Alcock scored far out. No goal resulted from Saunders' kick. Guy's made a big effort to score again, but were unsuccessful. No side was called with Streatham 1 goal (5 points), Guys, 1 try (3 points).

REMARKS.—Gibson played one of the best games we have seen him play, no other back helped in defence or attack. The forwards all played well, the best being Williams, Pinching and Mullins.

## Association Football.

SURREY SENIOR CUP-TIE.—SECOND ROUND.

### GUY'S v. OLD WILSONIANS.

Having beaten Eversleigh in the first round of this Cup, Guy's met the Old Wilsonians, on November 4th, at Honor Oak, in the second round. The result was a good win for Guy's by 11 goals to nil. From the outset the Hospital team showed their superiority, and quickly scored a goal from Witts, with a characteristic hard shot. Most of the play was carried on by Barnett and Boxall, who practically monopolised the ball, and between them secured 7 goals, 4 from Barnett and 3 from Boxall. The other scorers were Denning, Pedrick and Robertson. Denning's shot was a splendid effort from some distance out, the goal-keeper having no chance of saving. Team :—

GUY'S.—C. A. Wood (goal); H. Bastard, E. N. Plummer (full-backs); A. Zorab, A. F. Denning, P. Pedrick (halves); G. Robertson, E. Barnett, W. Boxall, G. Witts, A. W. Berry (forwards).

REMARKS.—Plummer was a distinct acquisition at full-back. There was some understanding between the halves and full-backs. Barnett and Boxall were very well together and scored, but Boxall should endeavour to give Witts some opportunities to display his shooting qualities.

### GUY'S v. CASUALS.

On Wednesday, November 15th, the Casuals visited us, and suffered a defeat by 4 goals to nil, and were lucky in getting off so easily.

During the first half Guy's played with the wind and had things entirely their own way. Soon after starting Barnett and Boxall went through together and scored. After some passing play in mid-field Guy's again attacked, and an opening being given to Witts he scored with a clean hard shot; a splendid exhibition. The halves and backs were working well together and keeping their forwards well supplied. Zorab tried a shot at goal. The ball was poorly punched out and rebounded from Berry's head into the goal. Soon after this Barnett ran through; following up his shot he secured the ball from the goal-keeper and scored.

During the second half there was no scoring. Two or three times Boxall broke right away, but could not score. Team :—

GUY'S.—C. A. Wood (goal); G. Robertson and H. Bastard (full-backs); A. Zorab, A. Denning, P. Pedrick

(halves); F. A. Barker, E. Barnett, W. Boxall, C. Witts A. W. Berry (forwards).

REMARKS.—We have at last found Robertson his proper place at full-back. The halves were full of work, and were led by the energetic "skipper." On the whole the team has never displayed before so much combination and attacking powers.

## Hockey.

The United Hospitals opened their season in excellent style on November 1st with a brilliant victory over Sussex at Worthing, by 6 goals to nil. Despite the inclemency of the weather, there was a good gate.

As the score indicates, the Hospitals were far the cleverer team, and the forward combination was at times very good. Guy's were well represented, Leckie, Ticehurst and Moyle occupying their usual positions, while W. T. Clarke and Dryland played inside left and centre respectively. The goals were all scored by Guy's men.

On Wednesday, November 15th, a team from the United Hospitals beat a Surrey XI. at Hampton Wick, with the eminently satisfactory margin of 4 goals to 1. Surrey scored in the first ten minutes, and though very much at sea at first the Hospitals improved and had hard luck not to score in the first half. In the second half the forwards fairly got going and put on 4 goals in excellent style, while the Surrey goalkeeper saved several very hot shots. Leckie was in particularly good form. Team:—

H. H. Moyle (Guy's), goal; M. R. Coalbank (Bart.'s), M. Leckie (Guy's), F. S. Kidd (London), G. Heyworth (London), C. B. Ticehurst (Guy's), Right; A. C. Demmell (St. Thomas's), G. F. Page (Bart.'s), S. M. Wells (Guy's), G. W. Dryland (Guy's), L. F. Lewis (Bart.'s), Left.

Ticehurst, Wells (2), and Dryland scored.

## Change of Address.

Dr. S. W. Bushell, C.M.G., from Shirley, Harold Road, Upper Norwood, to Ravensholt, Mount Park, Harrow.

Dr. Robert Cuff, from 1, The Crescent, Scarborough, to 40, Filey Road, and 13, Valley Bridge Parade, Scarborough.

Dr. Arthur Pearson, from Kansanski, N.W. Rhodesia, to 56, Grange Park, Ealing, W.

Dr. T. Morland Smith, from Werndee Hall, Norwood, to 193, Holdenhurst Road, Bournemouth.

By a regrettable mischance the number of Dr. John Tanner's residence is given in the Hospital Reports and Clubs' Union Year Book as 18: the correct address is—

19, Queen Anne Street, Cavendish Square, W.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

## Appointments.

Mr. F. G. HOPKINS, F.R.S., and Dr. M. S. PEMBREY, have been appointed Examiners in Physiology for the M.B. and B.C. Degrees at the University of Cambridge.

### Civil.

BASCOMBE, E. D., L.D.S. Eng., has been appointed Dental Surgeon to the Royal Victoria Hospital, Bournemouth.

BLACK, GEORGE, M.B., B.S. Lond., has been appointed Certifying Factory Surgeon for the Hailsham District, County Sussex, and Medical Officer of the Hailsham Union Workhouse.

BRIDGER, R. D., M.R.C.S., L.R.C.P. Lond., has been appointed Resident Assistant Medical Officer to the Poplar and Stepney Sick Asylum, Bromley, E.

CAZENOVE, W. R., M.R.C.S., L.R.C.P. Lond., has been appointed District Medical Officer of the Holbeach Union.

DURBRIDGE, H., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer for the Cromford District of the Bakewell Union.

Robson, W. M., M.D. Lond., M.R.C.P. Lond., has been appointed Assistant Physician to the Northampton General Hospital.

### Military.

HENRY S. DESPREZ (formerly Lieutenant in the 2nd Kent Royal Garrison Artillery Volunteers), to be Surgeon-Lieutenant in the 2nd Kent (Royal Arsenal) Regiment.

### Births.

MULLINS.—On October 24th, at Graham town, South Africa, the wife of R. C. Mullins, M.B., B.Ch. Oxon., of a son.

VELLACOTT.—On October 28th, at 84, Charles Street, Bloemfontein, South Africa, the wife of P. N. Vellacott, M.B. Lond., F.R.C.S. Eng., of a son.

### Marriage.

CLOGG—GRIFFITH.—On September 23rd, at the Wesleyan Church, Upper Norwood, by the Rev. W. H. Clogg, father of the bridegroom, Arthur H. Clogg, L.D.S., to Gabriella May Griffith, eldest daughter of J. C. Griffith, Esq., of St. Eric's, Upper Norwood.

### Deaths.

HARNETT.—On Nov. 7th, at Margate, of appendicitis, Charles John Harnett, M.D., aged 33, second son of the late Frank Harnett, of Bridley Manor, Guildford, and Mrs. Kate Harnett, of Nunfield, Newington, near Sittingbourne.

WELCHMAN.—On September 24th, 1905, at Graaf Reinet, South Africa, Walter H. L. Welchman, M.D., M.R.C.S., L.S.A., aged 52.

EDS.—F. W. M. P., H. C. C.

# GUY'S HOSPITAL GAZETTE.

VOL. XIX., No. 456.] DECEMBER 2, 1905. [SIXPENCE.

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## Passim.

FOR some time past we have refrained from making mention of the state of the Million Shilling Fund. But the GAZETTE is directly responsible for the success of the Fund, and we feel that the time has come when it has again become our duty, as shortly as possible, to appeal to all our readers to do what they can to help it along. We do not do so before it is necessary; for the fund seems in some danger of stopping altogether. It certainly ought to be possible at Christmas time to ensure a great acceleration of its normal rate of progress and to give it an impetus for the coming year. It is the season when our rich friends are, or should be, more than usually genial and open-handed, and it is the season when entertainments, concerts, and all such devices for raising funds, ought to flourish most profusely. We hope shortly to be able to recognise signs of renewed activity in the fund.

ONE very encouraging announcement we are able to make. We have in London a party of friends and well-wishers who are already working to do us good. Early in February a company of well-known amateurs will produce a play at a West End theatre, the whole proceeds of which will go to the hospital. The play, "The Prisoner of Zenda," with Miss Nora Kerin in the chief part as Princess Flavia, is already in rehearsal, and the only difficulty at present to be encountered is the difficulty of securing a theatre at a time of year when theatrical managers are more than usually busy. The same company, last July, gave a performance which resulted in a sum of over £100 being handed to another hospital. We can only express our gratitude to all concerned for their kind offer.

WITH the beginning of December we are forced to contemplate the approach of Christmas. We may envy ordinary everyday people, who have nothing to do with hospitals or with patients, who can afford placidly to close their eyes and let Christmas creep upon them unawares, confident that a hurried rush round the shops on Christmas Eve, with the purchase of a few unnecessary and perfunctory gifts, or a visit with youthful relations to a Boxing Night

pantomime, is all that is expected of them to mark their sense of the solemn time. In hospital it is very different. Already those unhappy persons who are responsible for the programme of celebrations are hard at work, arranging and rearranging, scenting out talent among the new-comers, or reviving lost enthusiasms in older hands, seeking everywhere with deadly earnestness for possibilities of future laughter—for the seed which, carefully nurtured for four long weeks, may in time ripen into a rich Christmas jest.

We publish in another place the official programme of the week. It will be seen that the arrangements which held good last year have been closely adhered to. As last year, there will be a concert in each of the four surgical male wards, a concert in Patience, a concert in the Eye wards, and a Christmas tree in Martha; while, as usual, the curtain will be finally rung down in Astley Cooper on Saturday evening. In the medical wards there will be no formally-arranged concerts, but there will be music in the afternoons, and we hear rumours that those delightful little people, the children from Mr. Beerbohm Tree's school of acting, are again coming to take the hospital by storm. The "Niggers" are in active rehearsal, and will make their arduous round on Christmas Day, as heretofore.

One change is to be noted. So many men last year were anxious to be present at the Residents' Theatricals, and so few were ultimately able to gain admission, that it has been decided to have three performances—on Tuesday, December 26th, on Wednesday, December 27th, and on Thursday, December 28th. The Sisters and Nurses will be the guests of the Residents on the Wednesday evening and on the Thursday evening, and it is extremely unlikely that on either of these nights there will be any surplus accommodation available. But on the Tuesday evening, the first night of the theatricals, the larger part of the Court Room will be open to men, their relations and friends. These seats will be reserved and ballotted for shortly before the performance. It has been decided to adopt this course because it has been pointed out that men will hardly bring their friends unless they are certain that they will gain admission. Applications, stating the number of tickets desired, should be made as early as possible to Mr. Louisson. As the accommodation is very limited, and the ballot must necessarily take place only a short time before the performance, the Residents hope that no application will be made until it is perfectly certain that the tickets will be made use of by the applicants,—that is to say, it is hoped that no one will apply merely on the chance that they may be able or may care to be present, but only after they have definitely decided to come.

We hear many rumours as to the nature of the programme which is to be presented. We hear that, as last year, there is to be a triple bill: that the first piece is to be an original play by a Guy's man, and that the last is to be a farce, the scene of which is laid in a well-known ward, wherein many strange things will happen and many good and great persons and institutions be held as fit subjects for mirth and ridicule. But all of these rumours we do not believe, certainly not that our friend Bunch has lent countenance to the scandal by accepting a prominent part.

We have been asked by those responsible for the Out-Patients' Tea to make known the necessities of the Fund. It is, in a sense, the duty of everyone to subscribe to the fund, because this treat differs so obviously from the other entertainments at Christmas time. We naturally subscribe to the expenses of the week in our own wards, and in doing so we generally get our money's worth, because most of us derive just as much enjoyment from it as do the patients. The Out-Patient Tea, on the other hand, gives pleasure to an enormous number of children, and, if we may say so, to them alone. Such being the case, it is all the more necessary to see that this particular fund does not want support.

The Residents' Dance was held on Wednesday evening, November 22nd, and was more than usually successful. Over one hundred and twenty guests were present, so that the Court-room was filled to overflowing. Mrs. Cosmo Bonsor again kindly consented to act as hostess, and amongst others present were Lady Perry, Lady Stevenson, Mrs. Frederick Taylor and the Matron. We have been asked to make known that after the dance two fans and a silver button-hook were left by their forgetful owners. These will be restored on application to the editor of the Gazette. The fans we can understand, but why the button-hook?

Among the calls to the Bar at the Middle Temple on Friday, November 17th, Guy's men will be pleased to note the name of T. H. H. Manley, M.D. (Cantab.). Dr. Manley was at Guy's from 1879 until 1884, and was at that time a great power in the land. His numerous friends will wish him every success in the combination of his professions.

We have been asked to request those members of the Centurion Club, whose sudden changes of address have been responsible for their not receiving notice of the Annual Dinner to note "that the dinner of the above Club will take place on December 13th, at the Gaiety Restaurant, with Mr. George Evans in the chair." Tickets, one guinea each, wine inclusive, can be obtained from Dr. F. H. Wallace, 133, Upper Clapton Road, N.E. All members are requested to send in their names before December 3rd."

We publish to-day an indignant letter from "A Dresser," who seconds our grumble of a fortnight ago as to the difficulty of seeing visitors who call at the Hospital, or of receiving urgent communications. He does more, however, he suggests a remedy in the shape of a page boy, a duplicate of that kept in Bright, to be the servant of all. In the same column, by a curious coincidence, appears a letter from a youth, who appears to possess all the qualifications for so difficult a post. In serving so many masters, he should have many opportunities of displaying his undoubted talents. We would respectfully urge the Superintendent to close with him at once.

The Christmas picture, which we hope to publish shortly, this year takes the form of an engraving of Dr. Bright, and is uniform with that of Thomas Guy, published last year, which we believe was widely appreciated.

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

# A Case of Fracture at the Base of the Skull.

CLINICAL LECTURE BY R. CLEMENT LUCAS, October 24th, 1905.

Gentlemen,—To-day I propose to speak about an interesting case of fracture of the base of the skull, which has recently been under my care in Astley Cooper ward. The history was taken partly by the ward clerk, while a large part of the notes has been filled in by my house-surgeon, so that I may find it a little difficult to place the facts in the history connectedly.

This man was so unfortunate as to have two accidents within a very short time. One occurred on October 1st, that is, a fortnight before the accident for which he was admitted. He was then hit on the head in a row and knocked down, but managed to reach his home safely afterwards. His head was cut open on the right side. Next week he went to work, but felt very tired and dizzy, and the cut surface began to swell and to give him pain. He saw a doctor on Sunday, October 8th, that is, a week after receiving the injury, who lanced the wound. The man did not go to work on the day following the lancing, but as he felt pretty well on the Tuesday he resumed work. Three days later, that is, October 13th, while standing on the top of a cart, loading heavy boxes, he stumbled backwards off the tail-board and fell on his head. He was brought to Guy's by some fellow-workmen. His relatives did not think that he had been drinking. The account given to the house-surgeon was that he had been a total abstainer for six months, and that he had not been drinking before the accident. It is often difficult to obtain a correct history, especially now that workmen have compensation for accidents occurring during their employment. If this man had taken very little alcohol indeed after six months' abstinence, it would be very likely to upset him. Many men, who have gone a long time without alcohol and then begin again, have their tempers very much upset. I had a coachman who served me exceedingly well for three years. He came to me as a total abstainer, and his wife was one, too; moreover, he came from an employer who, if he could help it, would not have anyone within a quarter of a mile of him if he were not an abstainer. But after three years this coachman began to quarrel with everybody he met, not only in the mews, but with cabmen in the street. I asked him if he was still as strict a teetotaller as when he first came to me, and he replied, "No, sir; the fact is, me and my missus finds a little does us good." He had several accidents and became useless, so I had to get rid of him. I do not say anything against our patient; it is possible he was all that his friends represented him to be. But I want to point out to you that this man had two accidents in a fortnight, and you know there is an old saying that "misfortunes never come singly." In the case of accidents, one often contributes to the other, and with this man, without reflecting upon his abstinence, I think we may say his first accident contributed to that which occurred a fortnight later. When he returned to work after the first accident, we learn that he was dizzy and not in a fit state to unload boxes on the top of a van. In all probability he became faint, and this contributed to his fall, which was the cause of his death. This man was admitted on October 13th, and on his admission the house-surgeon makes the following statement:—On admission there was a discharge from the left ear of fluid which had the appearance of blood mixed with cerebro-spinal fluid. The patient appeared quite deaf, and his relatives stated that he was not deaf before the accident. There you have two important symptoms: (1) The discharge of a watery kind of blood from his ear, as if it were mixed with some thinner fluid, and (2) great deafness. Such remarks as he made, however, were quite sensible. He was not suffering so much from his head injury as to prevent him talking sensibly. Both ears were syringed with 1 in 20 carbolic, a 5 per cent. solution (the house-surgeon said 1 in 40 had been ordered), and the ears also were plugged with antiseptic wool. If he ordered 1 in 40 I think he was over-cautious. A 5 per cent. solution of carbolic acid will do no damage if carefully employed, and it is of a strength which, alone, will destroy within a short space of time the bacteria of infective processes. I have frequently syringed out joints with 1 in 20 carbolic, and I recommended that this should be done in all cases of septic wounds of joints at a time when carbolic acid was the only antiseptic we employed.* If you wash out an ear which has blood or cerebro-spinal fluid escaping from it, you should not syringe with force sufficient to drive the fluid through the bone into the subarachnoid space. It should be gently put into the ear and allowed to remain

* See Wounds of Joints, Heath's Dictionary of Surgery, page 861.

there for a time, and be wiped out afterwards, then plugged with antiseptic wool. Perhaps 1 in 500 formalin would be an even better antiseptic than 1 in 20 carbolic, or perchloride of mercury 1 in 2,000. The ear is very dirty in these people usually, and the meninges are liable to be infected through the wound across the temporal bone; therefore I think it is most important to wash out the ear, though some people object to it because of the liability of forcing the caked-up material towards the brain. Fracture of the base of the skull was diagnosed from the two symptoms mentioned. His pupils were found to be equal and normal. When admitted his temperature was only 96°, pulse 64, respirations slightly hurried, namely 20. The explanation of this, I think, is that he was suffering from some irritation about his pneumogastric nerve, which reduced his pulse and quickened his respiration, and from the effect of so-called concussion, whatever that may be. Concussion causes symptoms of insensibility at first, which pass off, and are not at any time such as to produce complete insensibility, so that the patient cannot be roused when shaken or spoken to in a loud voice. It is associated with a feeble pulse, and the respiration may not be affected, or it may be slightly hurried, shallow and sighing. The patient usually has a sweating skin and dilated pupil. This man's low temperature was to be accounted for by the influence of shock. One theory of concussion which has been suggested is, that the cerebro-spinal fluid is suddenly forced into the fourth ventricle as the result of the injury, and causing pressure upon the restiform bodies produces these symptoms. Generally, I may say that the pathology of those symptoms immediately following injury, and attributed to concussion, are but little understood. On the second day his temperature rose somewhat, to 97°, so it was still below normal; his pulse was only 50 to 60, and respirations 20. On the second day a discharge was noticed from his other ear for the first time, and it was then thought that the fracture might have gone across the base of the skull, breaking the petrous portion of the temporal bone on both sides. But as no fracture was found post-mortem on the right side, it seems possible that he might have had some old ear disease on that side, and that he did not notice he was deaf until the other ear was damaged by the fall. That is the suggestion of my house-surgeon, and I think it is quite possible, because the discharge was only noticed on one day, and the character of it does not seem to have been particularly noted. At any rate, it was not in any large quantity, such as was seen on the side of the injury. Though apparently sensible, the man could only now be roused with great difficulty. He was given calomel. On the 14th the calomel had not acted, but he seemed quite comfortable and free from pain. So there was nothing remarkable about his condition on the first two days, except a subnormal temperature, respirations slightly increased, and pulse slow. There was no paralysis.

But on the following day we get a great alteration in the symptoms, for he became restless, kicked the bedclothes off, and at 3.30 began to cry out "Oh, my head! For God's sake, give me something for the pain in my head!" I happened to be there when he was crying out. We put on an icebag, and he seemed comforted by it. Now his temperature began to rise, but it only reached 98·2°, and it was not until the following morning that it rose to 102·8°. We diagnosed from these symptoms meningitis. So far as this case goes, it is perfectly simple, both as to the diagnosis of the kind of injury, and of the inflammation which was the cause of his death. About the usual time after a severe injury to the skull, where there has been an infective process going on, *i.e.*, about forty-eight hours after the injury, he begins to get restless, and complains of intense pain in the head; and then the temperature, pulse, and respirations all go up. It is on the morning of the third day that his temperature is noticed to be nearly 103°, and we diagnose suppurative meningitis. In the evening the patient ceased to cry out, but he still remained extremely restless. There was no discharge from the right ear on this day. He was given a little morphia, which had but little effect in quieting him. On the 16th, the patient's condition was not much altered. On the 17th, his temperature had fallen to normal; and on the 18th, it rose again to 103°. Then the patient got very weak, the respiration was exceedingly rapid, was accompanied by moist râles in his chest, he had some twitching about his face, the muscles of his neck and body, but there were no localised paralyses. On the 18th, about 10 o'clock, he died.

The post-mortem examination was made by my house-surgeon, Mr. Sheaf, and here is his report. The line of fracture ran from the foramen lacerum posterius on the left side obliquely across the petrous portion of the temporal bone, close and internal to the internal auditory meatus, upwards almost to the vault. There was no injury to the skull on the site of

the old accident, and no sign of disease in its neighbourhood. No fracture of the right petrous bone. Purulent lymph covered the base of the brain, and was especially thick on the sides of the medulla, in the inter-peduncular spaces, and in the Sylvian fissures. There were patches of lymph on the sides and vertex. The fourth ventricle was full of pus. That is where the communication takes place between the prolongation of the membranes from the fourth ventricle to the petrous bone. There was some purulent lymph in the third ventricle, which had extended through the iter between the third and fourth ventricles. There was a small subdural hæmorrhage over the left parietal region. The lungs were congested, and showed recent broncho-pneumonia.

The points of interest are the course of the fracture, the symptoms which enabled us to make the diagnosis, and the cause of death. The fracture was found to run from the foramen lacerum posterius, across the apex of the petrous bone, just below and internal to the internal auditory meatus, and then across the middle fossa, and upwards towards the vertex. It was in a direction forward, then directly outwards and then ascending. From that we judge the man fell on his left side, on to his left parietal bone. Additional evidence of that is given by the small subdural clot over the parietal region. I believe there was also some bruising on the left side of the vertex, though I do not see it mentioned in the report. The old injury had caused considerable swelling of the scalp, and that perhaps might have obscured any swelling on the left side. With regard to these fractures, Aran, in 1847, maintained that all fractures of the base of the skull spread from fractures of the vault, and that the line of fracture was in the direction of the force. This case would be an example of Aran's law. The man fell on his left parietal bone, and the fracture extends down in the direction of the force across the petrous portion of the temporal bone, and to the foramen lacerum posterius. That view is not now held as being universally correct, because cases are undoubtedly found which are not directly in the line of force. There is a German view, put forward some years later, namely, in 1887, that fractures are caused by bursting and compression. It regards the skull as a sphere, and the adherents of this view say that if you press a sphere it will bulge in another direction, and it will generally give way in the line of the direction of the force. That is, when the top of the skull is pressed against the spine, the tendency would be to burst in the line of force, downwards towards the base. In other cases the fracture takes place at right angles to the direction of the force; and that is called fracture by compression. But it seems true also that in a certain number of cases the fracture is caused by the driving upwards of the spine into the skull, just as if you were to bring a hammer down on to the top of the skull and break it in there. Here is a specimen* in which the whole of the circle around the foramen magnum is driven up into the skull. The man fell more than fourteen feet into the hold of a ship, and on to his head; and the weight of his body, carried through the spine, drove the condyles up. I also show you an old drawing, made by myself, that of a man who fell twenty-eight feet, and died within twenty-four hours. He had rupture of both lateral sinuses, and you see that the central part of the skull is driven up. The fracture was very extensive in that case; it ran forwards to the orbit, and so gave rise to proptosis due to hæmorrhage, and escape of cerebro-spinal fluid beneath the conjunctiva. His death was due to the pressure of the blood effused within the skull.

I pass now to the symptoms of fracture of the base. There are five symptoms characteristic of it, and only five: (1) the appearance of blood in certain situations; (2) the appearance of cerebro-spinal fluid in certain situations; (3) the effect of injury on certain nerves which pass out through the base of the skull; (4) the escape of brain matter in certain situations; (5) emphysema in certain situations. The two last of these are of very little importance. *Emphysema* is seldom seen and is of but little use in diagnosis; but it occasionally occurs in fracture across the frontal sinus, and sometimes in fracture across the mastoid process. I saw such a case not long ago in which there was a crackling emphysema about the mastoid process. This symptom is open to fallacy in the anterior part of the skull, inasmuch as in fracture of the superior maxillary bone, damage to the nasal duct will allow air to escape in the region of the orbit and forehead. Again, *the escape of brain matter* is so rare, and indicates such an extensive amount of damage, that it is of very little interest. It has been seen in the neighbourhood of the orbit and nose, and I have several times seen it escape from the ear. Once, in the case of a compound fracture, I saw it escape from the mastoid region. But when it occurs such extensive damage is indicated that the case is without interest from a surgical point of view.

* Reference to a Guy's Museum Specimen.

The three remaining symptoms which we have to consider are, the escape of blood, the escape of cerebro-spinal fluid, and injury to certain nerves.

With regard to *the escape of blood* in a case of fracture of the anterior fossa, the blood may pass into the orbit and cause sub-conjunctival ecchymosis. To be characteristic of fracture of the orbital plate of the frontal bone it should occur far back and cause protrusion of the eye-ball, and should be seen in quantity in the lower eyelid a day or two afterwards. Blood in any quantity at the outer angle of the orbit may all have passed through from a damage on the outer surface of the skull; ordinary black eye. There is one channel where it will pass from the surface beneath the conjunctiva, and that is, round the outer canthus.*

Bleeding from the nose is rare, but sometimes it is very important. The central plate of the ethmoid gets driven up through the cribriform plate, and it has been known to cause death in certain cases. The instance most firmly riveted upon my memory is one which occurred when Dr. Taylor and I were house-surgeons together in the year 1869. There was a railway accident at New Cross. A man was sitting opposite his wife, and the effect of the impact was to throw the man's nose against his wife's forehead. He was admitted here with a good deal of bleeding from the nose. We plugged his nose, but he insisted upon going out a day or two afterwards. However, he came up again with further bleeding, and we repeated the plugging. Shortly afterwards he got symptoms of meningitis and died. The local medical man made a post-mortem examination and found that the cribriform plate of the ethmoid had been driven up and had torn the dura mater. Bleeding at the nose is sometimes caused by fracture across the body of the sphenoid, and in that case the bleeding is often very severe, because the sinuses around the sella turcica are torn through. I think there is a case of this kind recorded in Holmes' "System of Surgery." More rarely it occurs from fracture across the basilar process, and in those cases where the bleeding occurs in quantity from the nose and pharynx, the blood is often swallowed and then vomited.

In cases of fracture of the middle fossa, bleeding from the ear is by far the most common of the symptoms we look for when a man falls on his head. This man bled from the ear, and the blood was followed by cerebro-spinal fluid, which made the diagnosis absolutely certain. Bleeding from the ear may be due to blood trickling into the ear from damage to the meatus, or it may be that the tympanum is ruptured. But generally, if bleeding occur in any quantity from the ear, and there is no evidence of damage about the ear, it is indicative of fracture of the base of the skull.

A fracture of the posterior fossa, crossing the jugular foramen, may rupture the lateral sinus, and blood may be extravasated into the nape of the neck. Ecchymosis then appears about the mastoid process and the nape of the neck three or four days afterwards.

We next consider the *escape of cerebro-spinal fluid*. In the case of which I passed the drawing round you will see that one of the fractures ran forward into the orbit, and cerebro-spinal fluid was noticed beneath the conjunctiva. There was no time in his case for inflammation to develop, and he died within twenty-four hours of hæmorrhage. Cerebro-spinal fluid has been noticed, occasionally, to come from the nose; but mistakes have been made sometimes in supposing cases to be fractures when the fluid was really associated with polypi of the antrum and of the nose. Polypi will sometimes cause dripping of clear fluid from the nose. The escape of cerebro-spinal fluid from the ear is absolutely characteristic. When the blood clears up and you notice clear fluid coming from the ear in any considerable quantity, you may be sure you are dealing with fracture of the base. If this fluid be collected it is found to be of low specific gravity, about 1005, it contains a trace of albumen, which the ordinary tests will not show, it is faintly alkaline, from the presence of chloride of sodium, and it contains a material which reduces slightly the copper test used for sugar, due to a body discovered by Halliburton, called pyrocatechin.

With regard to *injuries to nerves*, they are not very common, except in the case of the seventh and eighth. One of them, the eighth, was damaged in this particular case. One or two cases have been noted in which so large a quantity of blood was extravasated into the anterior fossa and orbit that the sight was affected. Loss of smell has also been noted, but that is of very little use in diagnosis; the patients are usually too ill to know whether they can smell or not. On several occasions the third nerve has been damaged, and in one case both nerves were damaged by a clot near their roots, and in that case there was ptosis of both eyes, external squint, and dilated pupils. The fourth nerve seems almost always to escape. In a few instances the fifth nerve has

* See paper by Lecturer, Guy's Hospital Reports, 1874, page 423.

been damaged, and then there is loss of sensation over certain parts of the face. Sometimes the cornea, owing to lack of nerve control in consequence of the injury, undergoes ulceration and sloughing. There is recorded a remarkable case of sixth nerve injury, in which a man, having received an injury to his skull, went about his work for three weeks, suffering from one symptom only, namely, internal squint. He afterwards became ill with symptoms of meningitis, and died four months later. It was found that the apex of the petrous portion of the temporal bone had been driven up, and the sixth nerve had been torn right across. We often find the seventh nerve damaged in these cases of fracture of the middle fossa. Paralysis of the face on the same side as the injury is by no means uncommon, and in that case it may occur immediately after the injury, and then the nerve has probably been pressed upon at the time, or even torn across. If it appear in about twenty-four hours it is probably due to blood. If it be delayed until forty-eight hours, or even the fourth day, it is due to inflammation. So facial paralysis bears three relations to this fracture; it may be due to direct injury, when it is seen immediately; it may be due to blood when it appears after an interval, within twenty-four hours; or it may be caused by inflammation and come on three or four days afterwards. In a few cases difficulty in swallowing has been noticed, and in one or two instances the tongue has been pushed to the opposite side, due to paralysis of the twelfth nerve.

I now come to the cause of death. Death in cases of fracture of the skull may be immediate, from extensive damage to the brain; or it may occur within twenty-four hours, in which case it is always due to blood. The man of whom I made the drawing had blood flowing from both sinuses, and he died from the accumulation of it in his skull, causing coma and death. Death may occur, as in the case I have related, from meningitis, which generally commences on the second day. I have brought the chart of a case of bullet wound of the skull, showing meningitis commencing on the second day, and death two days later. Meningitis is characterised by intense headache, as in our patient, with extreme restlessness, rise of temperature, and certain spasmodic conditions. Our patient had no squint, though that is not uncommon in meningitis, nor had he any definite paralysis, which is also often seen. Nor was there any general convulsion. In this case all the lymph was at the base of the brain, and his motor area was not affected. That area lies along the margin of the fissure of Rolando, and, if there be extensive damage to it, as frequently occurs in fracture of the vault, there will be first spasm, due to irritation, and then paralysis.

There is yet one other way in which a subject of fracture of the skull may die. He may have tided over the first few weeks after the accident, and then his temperature begins to rise, he gets a definite rigor, and then some paralysis sets in. In such cases you will find an abscess of the brain.

# THE HOSPITAL APPEAL.

**Seventeenth List of Donations.**

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 53,947 | 7 | 0 |
| E. C. Leach, Esq. ... ... ... ... | 50 | 0 | 0 |
| Arthur H. Rolls, Esq. ... ... ... | 25 | 0 | 0 |
| | 54,022 | 7 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 29th ult.) ... ... ... | 26 | 16 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £54,049 | 3 | 0 |

## Christmas Week, 1905.

The following is the official programme of Christmas festivities:—

Dec.

25. Monday - Nigger Troupe on Tour, starting in Ruth at 1 p.m. Out-Patients' Tea.
26. Tuesday - Ruth Concert, 3 p.m.
Residents' Theatricals, 8·15.
27. Wednesday Naaman Concert, 4·30.
Residents' Theatricals, 8·15.
28. Thursday Martha Christmas Tree, 3.
Patience and Samaritan Concert, 3.
Job Concert, 4.
Residents' Theatricals, 8·15.
29. Friday - Luke Concert, 3.
Lazarus Concert, 4.
30. Saturday - Astley Cooper Concert, 7.
31. Sunday - Ceremony round Thomas Guy's Statue, 12.

## Papers by Guy's Men.

Glass a Substitute for Lint in the Treatment of Granulating Wounds. By J. L. A. Aymard, M.R.C.S., L.R.C.P. Lond. (Illustrated).—*Lancet*, 18th November, 1905.

# ONE MILLION SHILLING FUND

IN AID OF THE

# HOSPITAL APPEAL, 1905.

### Seventeenth List of Collections.

(Received up to Wednesday, November 29th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 67,925½ |
| Ashwin, Dr. R. H.—Miss M. E. A., 1; Miss E. W., 1; M. A., 7; Mrs. H. P. Thornton, 1; An old Blue who long ago used to receive occasional shillings from Treasurer Harrison of Guy's, 20... | 30 |
| Astley Cooper, Sister (177s.)—Miss Crisp ... ... | 2 |
| Davies, Miss Edith M. (28s.)—Rev. Canon Edwards, 10; Mr. F. Bird, 2½; Miss Bashforth, 2½ ... | 15 |
| Douce, Miss C. M. ... ... ... ... ... | 10 |
| Esther, Sister (19½s.)—Miss Lily Richbell ... | 20 |
| Glanville, Dr. L. S. H.—E. G., 10; M. G., 5 ... | 15 |
| Hearnden, Dr. W. F. (587s.)—Miss Sarah Price... | 5 |
| Hickman, Dr. H. V. (134s.)—Mrs. F. J. Pettyfer | 27 |
| Hyde, Miss (10s.)—C. Bell ... ... ... ... | 7 |
| Isaacs, D.—S. Wharman, 10½; S. Berg, 10½; E. Steele, 1; T. Hartsilver, 1; H. H. Morris, 2½; D. and J. Jordan, 21; B. Baun, 21 ... ... | 67½ |
| Kate, Sister (225s.)—Miss I. M. King, 7; Miss A. Wallis, 5 ... ... ... ... ... ... | 12 |
| Leigh, Dr. W. Watkin (44s.)—Miss N. Leigh ... | 10 |
| Milbank-Smith, Dr. H. J. M.—Self and Friends... | 85 |
| Moore, Miss H. (55s.)—Anon. ... ... ... | 3 |
| Procter, Miss (18s.)—Miss Sybil C. Procter ... | 2 |
| Wells, Mrs. C. H. (667s.)—Miss Ronald ... ... | 8 |
| | 68,244 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 197½ |
| TOTAL (up to 29th ult.) | 68,441½ |

## Maze Pond.

WHEN William the Conqueror founded Battle Abbey, near to Hastings, where prayer was to be offered up perpetually for the repose of the souls of all those who had fallen in the conflict, he so richly endowed it that its Abbots became sufficiently important personages to possess a town-house for their use whenever they visited London or its vicinity. This residence was called "The Inn of the Abbot of Battle," and stood upon a site, on the South bank of the Thames, now occupied by Hay's Wharf in Tooley Street. The neighbouring locality has been greatly altered in modern times; but on part of the ground now covered by the London Bridge Railways and Station was situated a town-house, or Inn, of the Prior of Lewes in Sussex.

To the South of the Abbot of Battle's house, over against the gateway at the farther part of the estate, towards what is now known as Snow's Fields, were its gardens, with walks, fish-ponds and, at some time, a maze—perhaps of the character of the one at Hampton Court. The property contained several streams making their way to the Thames—one being of considerable size and bearing swans upon it. This watercourse was crossed by a bridge, called Battle Bridge, built and kept in repair by the Abbot, which carried the road, afterwards called Saint Olave's (Olaf's) Street—a name which, in course of time, became corrupted into Tooley Street—leading to Bermondsey and Rotherhithe. This stream is referred to in an Agreement, dated 1243, between the Abbot and the City of London, defining the rights and duties in Southwark of the former. In the "Valor Ecclesiasticus" (1534) the Abbot of Battle has, amongst other possessions, a watermill, worth by the year £3 6s. 8d., with its watercourse and the bridge. At the present day, if one walks out of Tooley Street, near Hay's Wharf, into Battle Bridge Lane, which was formerly called Mill Lane in connection with the Abbot's Mill, and proceeds to the bank of the Thames down Battle Bridge Stairs, the mouth of this stream may be seen immediately to the left, now confined within bounds by a culvert, and discharging into the river. On the way back to Tooley Street two public-houses may be noticed in Battle Bridge Lane, only a few yards apart, bearing the respective signs, "The Old Red Cock" and "The Old Red Lion and Key," bringing thoughts to one's mind of the days when the Thames was the Londoner's favourite highway, and of the rivalry between the old taverns to gain the custom of the watermen, and also of the citizens on their way to, or from, the wherries at the stairs.

For some time before the Dissolution the Maze was in private hands. The Manor of the Maze, early in the reign of Henry VI., was in the hands of the Burcestre (Bourchier) family. Sir John Burcestre died there in 1466. In 1467 it belonged to the Clintons. From 1472 to 1623 it was the property of the Copleys, one of whom married John Weston, of Sutton Place, *near* Guildford, Surrey. This Sutton Place is, at the present day, a most interesting old house, having been built by Sir Richard Weston,

to whom Henry VIII. had granted the estate, about 1520. The exterior is of red brick, with mouldings and ornaments of terra-cotta, called "Flanders bricks," by Aubrey. Many of these bear the rebus of the Westons—R. W. and a tun, surrounded by vine-leaves and grapes. This family became extinct in the direct line in 1782, when Sutton passed to John Webbe, Esquire, of Herefordshire, a distant relative, who took the name of Weston. Several streets in the neighbourhood, well known to Guy's externs, received their names from various members of this family; as Weston Street, John Street, Sutton Street; also Melior Street and Webb Street, from Melior May Weston and John Webbe Weston respectively.

The open streams, probably expanding into one or more ponds, of the Manor of the Maze became ultimately sewers; as various records exist of charges made for clearing them out, and repairing their banks.

Till about a century ago, Maze Pond and its surrounding neighbourhood was, and had been for many years, the centre of the hat manufacture of London; but, after that time, the trade migrated to the locality situated between Borough High Street and Blackfriars Road. In Maze Pond hops seem to have supplanted hats.

At the corner of Maze Pond, on a portion of the ground now occupied by the College, formerly stood a Baptist Chapel, founded in 1692, called Maze Pond Chapel, which continued to be used as such until the new building in Old Kent Road, the foundation-stone of which was laid on October 16th, 1876, was ready to receive the congregation, which then removed thither.

This old chapel, together with its burial-ground and a public-house, covered the piece of land which is bounded by Great Maze Pond, Maze Pond, Black Horse Yard, and Sparrick's Row. The whole of this area was purchased by the Treasurer and Governors of Guy's Hospital from the Chapel Trustees in 1872. Subsequently the surface of the site was cleared, and upon the eastern portion hop warehouses were built; later on the College was erected upon the remaining western part. Before building operations could be commenced the bodies of those buried there had to be removed; when, as it was found that so many burials had taken place, the cost to the hospital of the removal and re-interment of the bodies in Woking Cemetery ultimately amounted to about £1,000.

Although the new chapel in Old Kent Road is at some distance from the original site, it still bears the name Maze Pond Chapel. It is situated a few yards away from the historic locality formerly known as Thomas à Watering, by the side of a brook dedicated to Saint Thomas à Becket, which is the boundary between Southwark and Camberwell. This stream had to be crossed in travelling on the road from London to Canterbury, and was a frequent halting-place for pilgrims for the purpose of watering their horses.

Chaucer alludes to this custom in the Prologue to the Canterbury Tales—lines 823 to 826:—

> Up roos our host, and was our aller cok,
> And gadrede us togidre, alle in a flok,
> And forth we riden, a litel more than pas,
> Un-to the watering of seint Thomas.

This spot subsequently became a place of execution—gallows being set up—but is now the site of a fire station, which bears upon its front a copy of the old boundary stone—1818. By the side of this building runs a modern street, called St. Thomas's Road. The watercourse remained as an open ditch, conveying sewage, until about forty years ago, when it was confined in a brick sewer; and, at about the same date, a public-house, bearing the sign of "Thomas à Beckett," was erected a few yards from the site of the old bridge.

## Correspondence.

*To the Editor of* GUY'S HOSPITAL GAZETTE.

### Certain Questions arising in the Practice of Midwifery.

DEAR SIR,—Will you please allow me to correct a slight error in your report of my Clinical lecture which appeared in your last issue? In referring to an Address on Puerperal Sepsis, which appeared in the *British Medical Journal*, the date is given "March, 1904." The real date is February 13th, 1904. For the benefit of those who may not be able to refer easily to this number, may I quote from it the following method of making a vaginal examination which I recommended with the object of avoiding soiling of the examining finger after sterilization?—

"In making an ordinary examination to find out if labour is going on normally, the patient should be on her left side with the breech at the edge of the bed; then after hand sterilization, with the left one the right labium majus can be raised, and the wall of the vagina can be seen and its condition noted, particularly the presence of any vaginitis. The right hand can now be taken out of the basin of perchloride of mercury or other antiseptic, and without allowing it to touch anything *en route*, the right forefinger can be passed into the vagina (held open by the left hand) without even touching any part of the vulva."—Yours truly,

42, Brook Street, W., PETER HORROCKS.
November 25th, 1905.

### Evolution in Spelling?

DEAR SIR,—I am interested to see "Sub-Editor's" letter on "Evolution in Spelling" in your last issue. Evolution is usually so slow that actual instances occurring in a lifetime are quite refreshing. I am glad "guiacum" has lost a superfluous "a."

There are two other instances of similar evolution which seem to be in full progress at present. Again and again have I heard physicians, when reading Ward Reports, remark: "There is no such word as alright," and "accomodation with one 'm' is an innovation"; nevertheless the use of the expressions "The patient was alright until he . . .," or "The pupils react both

to light and to accomodation," is so much upon the increase that one cannot but believe that the next generation will regard both of them as correct.—I am, yours faithfully,

EX WARD CLERK.

## Students' Messages.

Dear Sir,—While fully appreciating the remarks in your last issue relating to the non-delivery of telegrams, messages, etc., addressed to students, I regret that you did not suggest a remedy. Could not a page be engaged (at the expense of the students themselves if necessary), similar to the boy employed in Bright ward, whose *sole* duties would be to deliver telegrams, messages, etc., and try to find students for enquiring visitors? I would also suggest that a slate be placed behind the bar in the smoking-room upon which should be written in large letters the names of persons for whom telegrams are waiting in the front. Might not those in high places drop a hint to the porters at the Front, that students and visitors inquiring for students should be treated with more courtesy than patients attending the front surgery? I remain, sir, yours, etc.,

The College, Guy's Hospital, A DRESSER.
30th November, 1905.

## Students' Choir Supper.

Dear Sir,—Would you favour me by allowing a few words about the Choir Supper, recently held, to appear in one of your columns?

The third annual Students' Choir Supper was held on Saturday, November 25th, in the College. Mr. Fagge consented to occupy the chair. Mr. Lewin Payne, one of the Vice-Presidents, and fourteen other members, were present; there were also four guests. Many of those present sang, and a pleasant evening was brought to a close by Mr. Taylor, the Choirmaster, who proposed a vote of thanks to the Chairman, which was followed by a hearty singing of "Auld Lang Syne" and of "God Save the King."—Thanking you in anticipation, yours, etc.,

Guy's Hospital, F. HOLCOMBE FULLER,
November 28th, 1905. Hon. Sec.

The Superintendent has recently received the following precocious letter:—

Sir,

I sincerely hope that you will pardon me for the liberty I have taken by writing to you. I should like to know if you can offer me a situation in the hospital. My age is fifteen and I am one of a family of five and my mother and father are poor. I have a fair alround education and can obtain excellent references. My chief object is to better myself in every possible way and so be able to benifit others. I do not intend to flatter myself but one of the sisters working in the hospital has a good opinon of me for my manners. I am not afraid of work or the nature of it for one must indeed dirty their hands in order to obtain what is most urgent in life. Hoping this letter wont offend you, and expecting to hear from you.

I remain yours
Obed. ——

# Pass List.

## Royal College of Surgeons of England, November, 1905.

### LICENCE IN DENTAL SURGERY.

### FIRST PROFESSIONAL EXAMINATION.

Mechanical Dentistry and Dental Metallurgy.—R. Redpath.

Mechanical Dentistry only.—H. E. Alexander, W. T. Clarke.

Dental Metallurgy only.—H. G. Clark, H. G. Dumayne, C. C. Freer, H. O. Salt.

### FINAL EXAMINATION FOR THE LICENCE IN DENTAL SURGERY.

Parts I. and II.—*C. M. Craig, *E. D. R. Jacob, *G. E. Rice, *H. J. Weighell, *C. Weller.

Part I. only.—F. A. Beckley, W. E. Freeman, *R. S. Witcomb.

Part II. only.—*J. McBride, *J. A. Bowes, *W. T. Dean, *F. J. Messer, *P. V. G. Pedrick, *E. N. Plummer.

*Denotes completion of examination.

## University of London, October, 1905.

### M.B., B.S. EXAMINATION.

Honours.—R. W. Allen(*a*), P. S. Mills(*d*), A. B. O'Brien(*d*, *e*).

(*a*) Distinguished in Medicine.

(*d*) Distinguished in Surgery.

(*e*) Distinguished in Midwifery and Diseases of Women.

Pass.—E. Bellingham-Smith, E. M. Harrison, A. G. Jones, E. C. Lowe, E. F. Milton, F. A. Sharpe, H. A. Watney, W. Welchman, T. F. Wilson.

## Supplementary Pass List.

Group I. (Medicine, Pathology and Forensic Medicine).—J. H. Horton, T. C. Pocock.

Group II. (Surgery, Midwifery and Diseases of Women).—T. H. Barton, R. J. Bentley, G. Hamilton, H. S. Knight, T. Turner.

### B.S. EXAMINATION.

Honours.—H. C. C. Mann.

Pass.—M. G. Louisson, C. D. Pye-Smith.

## "When I was a Man at Guy's."

I love to think of the days gone by
When I came to Guy's to do Pre. Sci.
No one knew half so much as I
When I was a Pre. Sci. man.
I messed about in Class Room 2,
Played nap, shove ha'penny—sometimes Loo;
I attended "Op.'s" and "P.M.'s," too,
When I was a Pre. Sci. man.

A First Year's man I then became,
Read Bones in the "Waxworks"—what a slow game!
The Test Exams. were a great big shame
When I was a first year's man.
I carried a sphenoid about as a toy,
When I'd finished my "part" my boundless joy
Was damped by John Dunn's "Bless the boy,"
When I was a first year's man.

At Phys. I next commenced to read,
With Fawcett's aid, about the "bleed."
He taught us well—he did, indeed,
When I was a second year's man.
Anatomy, too, quite gave me fits,
I got through, though, by the aid of tips
Such as "Fod-on-bod" of "My Friend Fripps"
When I was a second year's man.

As ward clerk, things to me were Dutch,
I carted screens for the dressers, and such.
Did I talk to the nurses?—not much!
When I was a third year's man.
With stethoscope, too, I heard strange sounds
In medical wards on "Rosie's" rounds.
My joy at a bruit knew no bounds
When I was a third year's man.

With Lane I next threw in my lot—
At feeding kids he is *quite* hot.
He taught me how to wire a "Pott"
When I was a fourth year's man.
As dresser full I made a name
By taking in a simple sprain
As a fracture—p'raps you did the same
When *you* were a fourth year's man.

Extern completed, I reached the end
Of appointments, now my time I spend
In reading for the Finals,—lend
Your aid to a fifth year's man.
There's one thing more—I tell no lies—
I want to see before I dies,
Both those Football Cups at Guy's,
Then I'll be a satisfied man.

R. T. FITZ-HUGH.

[Richard Truman Fitz-Hugh died during the South African War in the Imperial Yeomanry Hospital at Deelfontein, to which he was attached as Civil Surgeon. The day before he left England he gave the above parody to R. W. Basil Hall, Surgeon, R.N., who has recently sent it to us.—Ed.]

## Dental News.

Notes of a Clinical Lecture by Mr. Parfitt, November 14th, 1905.

### THE MECHANICAL PRINCIPLES OF TOOTH EXTRACTION.

We have first to consider the tissues involved in the operation of extraction of a tooth, and more especially the relative amount, hardness, and disposition in space of each.

We will consider especially:—

1. The great relative hardness of the tooth root.
2. The attachment of the root to its socket.
3. The disposition of the bone round the root.

*Hardness.*—This lends itself to the obtaining of a firm grip on the root, and no attempt should be made to dislocate the tooth until it is felt that the instrument has a firm hold on the solid and still hard part of the root. The difference in hardness is better appreciated and more easily taken advantage of, if the blades of the instruments are sharp. A sharp instrument makes its way with comparative ease through soft structures and even through cancellous bone, but makes little or no impression on hard dentine.

A blunt instrument, on the other hand, meets with great resistance from the softer tissue, and, so far, the advantage of the hardness of the root is lost to the operator.

*The attachment.*—Our aim should be to sever the fibres of attachment in detail, and not to have them all under tension, and so offering their greatest resistance, at the same time.

*The disposition of the bone of the alveolar process.*—The bone is thickest round the apex of the root, which can in consequence not be expected to move in a lateral direction. At the neck of the tooth the bone is quite weak, so that the easiest way to dislocate the root is to move it in such a way that the crown of the tooth tends to describe a circle with the apex of the root as a centre.

If the root is fusiform it is easily loosened by rotation about its long axis. We have now to consider the extracting instruments from the point of view of mechanical tools.

*The elevator.*—This instrument, in its various forms, may be used on the principle of either of the three so-called simple machines:—the wedge, lever and wheel-and-axle.

*Wedge.*—The elevator is almost invariably used as a wedge at the commencement of the operation; in fact, with forceps or elevator, the preliminary wedge action, brought into play in forcing the instrument into place, frequently is the real cause of the loosening of the root. The force that can be brought to bear in this way is very great indeed, but hardly calculable on account of the indefinite nature of the resistance of the socket and surrounding tissues. It, of course, increases as the angle

between the faces of the wedge decreases, *i.e.*, it is greatest with a sharp elevator.

The most typical example of this action is the turning of a single lower molar root into an already emptied socket adjoining it, by forcing the blade of a curved elevator between the root and the next sound tooth.

*Lever.*—Whenever the straight elevator can be used as a simple lever, its mechanical advantage is very considerable and is easily measured by the ratio:—

$$\frac{\text{distance from handgrip to fulcrum.}}{\text{distance from fulcrum to point.}}$$

This action is a very dangerous one in the extraction of upper 3rd molar, as the force is exerted almost directly backwards and is practically irresistible, and has at times caused extensive fracture of bone.

*Wheel-and-axle.*—Used in this way the handle of the elevator is rotated on its long axis, the edge of the blade describing an arc of a circle, the radius of which is, in the case of the curved elevator, the length of the bent extremity of the blade and, in the case of the straight form, half the width of the blade at its end. The power of the instrument used in this manner is considerable, the force in all cases being the supination or pronation of the operator's forearm, and the mechanical advantage varying inversely as the radius of the circle described by the point of application of the blade.

*(To be continued in the next issue.)*

# Specialities.

## The Therapeutic Effects of Formawn.

Catarrhs of the superior air passages, which result from an insufficient adaptability of the organism to the changing influences of the climate, attack certain individuals, who are prone to them, with a fixed regularity. The daily change of temperature, the humidity of the atmosphere, and the direction of the wind are generally determining factors, whilst some men can with certainty predict for themselves a cold if they have exposed themselves to the low temperature and dampness of the evening air. Others suffer at the time of the equinoctial storms with spring and autumn catarrhs; and, in other instances, certain winds or rainy or snowy weather favour the appearance of the malady. The atmospheric phenomena produce an acutely inflamed condition of the superior air passages, from whence result changes of the mucous membrane (frequently chronic) which, in consequence of different forms assumed by the indisposition, have given rise to various well-known maladies. A simple "catarrh" is generally regarded as a harmless condition, which will soon pass away of itself. A very mistaken opinion. The disturbed nasal respiration leads to certain consequences in the larynx, and in the deeper air passages of the lungs, which, in the form of irritations, can have a disturbing effect of a very marked kind upon the general health of the individual. The permanent feeling of phlegm obstructing the throat may be followed by catarrh of the larynx and pharynx, by difficulty in swallowing, and by hoarseness. We must further take into consideration symptoms of irritation of the lungs, which are included in the general term of "asthma." (Nasal catarrh is a common source of these painful conditions, particularly when it leads to inflamed swelling of the mucous membrane.) For this reason, leading practitioners have recently pointed out the necessity of carefully treating every nasal, pharyngeal, or laryngeal catarrh, even the very slightest, from its very commencement. Thus Professor Nothnagel says, "only an acute catarrh is completely curable." The *restitutio in integrum completa* is possible only in early stages of catarrh. The same author insists upon the fact that neglected catarrhs leave behind them a certain vulnerability of the elements of the tissues; the consequence of which is an easy and frequent recrudescence of the catarrh, even when the irritation which produces it is slight, and such as would previously have been easily vanquished; and that finally the end is usually a constant chronic catarrh. It follows that one of the problems of therapeutics is to treat rationally every new catarrh as quickly as possible. Considering the impossibility of applying many of the remedies which are recommended for the early stages of a cold, it will be no matter of surprise that the attention of medical practitioners has been recently attracted by the new remedy offered by the London Chemical Works, S.E., namely, Chlormethylmenthylether, to which the short name of "Formawn" has been given, whose formula is $C_{11}H_{21}OCl$.

This compound possesses the property of splitting up into menthol, formaldehyde, and hydrochloric acid when combined with damp air, or warm water. Under these circumstances the hydrochloric acid is taken up by the medium, whilst the other two substances enter the organs of respiration by means of inhalation. The warmer the water used, the more rapid is the breaking up of the Formawn into its components formaldehyde, menthol, and hydrochloric acid. At first the ether was inhaled from a specially-constructed inhaler into which the ether was allowed to fall in drops. But recently the London Chemical Works have prepared a convenient form of pastilles, by means of which a better breaking up of the Formawn is effected by the water. The apparatus for the inhalation of Formawn consists of a small inhalation glass, the "nose-glass," and a bottle of pastilles. In the Formawn nose-wool, the Formawn is contained by means of a particular technical treatment, so that evaporation of the substance is precluded. Formawn is practically the most expeditious remedy for arresting acute colds, whether inhalation is used or Formawn wool. The glass receiver is about half filled with hot water, and in such a manner that the central tube does not extend into the fluid. A pastille is then thrown in, the fork-shaped glass tube affixed, and the vessel slightly shaken. After this the vapour which is developed is energetically inhaled into the nostrils through the glass tube. As the water cools, the development of the vapour ceases. The receiver is then set upon a warm stove, and the inhaler is soon again ready for use.

# Chapel News.

A meeting of the Chapel Committee, followed by a general meeting of the Congregation, was held on Thursday, November 16th, at 8 p.m., when there were present: Sir Cooper Perry, the Matron, Sister Naaman, Miss Evans, Nurse Hedgecock, Mr. Fagge, the Rev. N. W. A. Edwards, and the Rev. P. H. Bown in the Chair.

After reading the minutes, the Acting Chaplain presented the annual report, which was adopted. A short statement of accounts was read, showing a balance in hand of £61 8s. 7d., and of £70 14s. 5d. on the Chapel Memorial Fund.

The chief business of the meeting was with regard to the Chapel Memorial, and, after some discussion, it was resolved:—

1. That the names on the roll should include members of the medical, dental and nursing staff (either of the Hospital or Institute) who died while serving the Hospital.

2. That all the woodwork needed for the Memorial should be completed before ordering any new panels.

Mr. Powell's sketches for the remaining panels were handed round and criticised.

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The Committee meeting was followed by a meeting of the Congregation, with Sir Cooper Perry in the chair.

The report of the Committee was read and adopted. It dealt with the Chapel Memorial, chapel services, furniture of chapel, etc. A few extracts are given:—

Last year a scheme for the decoration of the chapel was prepared by the Rev. H. Le Fanu, Mr. James Powell, of the Whitefriars Glass Works, and Mr. Woodd, the Hospital Architect, viz., that the recesses on the north and south sides of the chapel should be filled in with some sort of decorative work.

Sketches by Mr. James Powell were submitted to and approved by the Committee, and already half of the scheme has been executed. The excellency of the work is acknowledged by all, and the effect is even more satisfactory than was anticipated. It has not only brought to the chapel a new beauty, but it has made a dark and gloomy spot bright and cheerful. Mr. Woodd has supplied exactly what was needed in the woodwork between the panels. The sum required to carry out the entire scheme is estimated at about £520; of this £273 4s. 5d. has been collected, and £203 paid away.

During the past year the stoles, surplices, etc., have been overhauled, and additions made. A sum for this purpose was voted by the Committee last Easter, and owing to the kindness of Miss Cooke, of Balham, Mrs. Cornwall, of Boxmoor, and Miss Crawter, of Cheshunt, this has gone much further than it would otherwise have done.

In September last the Rev. H. Le Fanu left the Hospital on his appointment to the Archdeaconry of Brisbane, and the Bishop of Southwark appointed the Revs. P. H. Bown and N. W. A. Edwards as Acting and Assistant Chaplains.

The following were elected as members of the Committee for the ensuing year: The Chaplain, the Superintendent, and the Matron, *ex-officio*; Miss Evans, Sisters Naaman, Queen, Bright, Ida; Nurses Hedgecock, Munson, Hill, Stevens; Mr. Fagge, Mr. Rowlands, Mr. Thompson, Mr. Forty, Mr. O. V. Payne and Mr. Walker.

# Appointments.

## Civil.

The King has been pleased to appoint Staff-Surgeon Arthur Reginald Bankart, M.V.O., M.D., R.N., to be an Honorary Physician to His Majesty.

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Cleveland, Arthur J., M.D. Lond., M.R.C.P., has been appointed Hon. Assistant Physician to the Norfolk and Norwich Hospital.

Davies-Colley, H., M.B., B.C. Camb., F.R.C.S. Eng., has been appointed Second Resident Assistant Medical Officer, St. Marylebone Parish Infirmary.

Fisher, Theodore, M.D. Lond., M.R.C.P. Lond., M.R.C.S., has been appointed on the Honorary Medical Staff of the East London Hospital for Children, Shadwell.

Hedden, R., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer of the Honiton Union Workhouse.

## Military.

Colonel W. E. Saunders, C.B., R.A.M.C., has been appointed to officiate as Principal Medical Officer, Eastern Command (India).

Lieutenant-Colonel P. A. Weir, M.B., I.M.S., is promoted to be Colonel. He is also appointed Inspector-General of Civil Hospitals and Sanitary Commissioner, Central Provinces. He served in the Afghan war in 1879–80, receiving the medal.

# Guy's Hospital Dental Society.

The second monthly meeting of the Session was held on Friday, November 17th, at 4.30, the President, Mr. Hopson, being in the chair. The attendance was poor. As Casual Communications, Mr. C. E. Lloyd showed a case of gemination, and Mr. H. Simms one of well-marked attrition. Upon these a discussion followed, in which Messrs. Dowsett, Holborn and Freer took part.

Mr. Simms then read a very excellent and practical paper upon "Porcelain Walls," which was followed with interest and delight by the members present.

An active discussion followed, which was contributed to by the President, and Messrs. Forty, Reeve, Holborn, Brown, H. G. Clark, Lewis, Freer, Kendall and Marsh. Mr. Simms then briefly replied.

# Recent Additions to the Wills Library.

Presentations by the Publishers.

Mr. E. Arnold—
- Hutchison's Diseases of Children.
- Keith's Embryology.
- Russell Howard's Surgical Nursing.

Bale, Sons & Danielsson—
- Hutchinson's Surgical Treatment of Facial Neuralgia.
- British Sanatoria Annual.
- Royal Dental Hospital Pharmacopœia.
- Turban's Diagnosis of Tuberculosis of the Lung.

Baillière, Tyndall & Cox—
- French's Medical Laboratory Methods.
- Walsham's Surgical Pathology.
- McNaughton Jones' Diseases of Women.
- Gant's Autobiography.
- Dawson's Ship Surgeon's Pocket-book.
- Dental Annual Directory for 1905.
- Jellett's Midwifery.
- Stuart Lowe's Mucous Membranes.
- Bidwell's Intestinal Surgery.
- Rose and Carless' Surgery, 6th edition.
- Sommerville's Practical Sanitary Science.

Cassell & Co.—
- Treves' Handbook of Operative Surgery.
- Burton-Fanning's Open-air Treatment of Tuberculosis.
- Luff and Page's Chemistry.
- Hutchison and Rainey's Clinical Methods.
- Whitelegge and Newman's Public Health.

J. & A. Churchill—
- Taylor's Medicine, 7th edition.
- Candy's Chemical Analysis.
- Marshall's Materia Medica.
- Lucas on Prescriptions.
- Craig's Psychological Medicine.
- Savill's Clinical Medicine, Vol. II.
- Jellett's Midwifery for Nurses.

Green & Sons—
- McGregor's Pathology of the Endometrium.
- Hall and Herxheimer's Morbid Histology and Pathology.
- Paton's Essentials of Pathology.

H. Kimpton—
- Colbeck's Diseases of the Heart.

H. K. Lewis—
- Barrett's Dental Surgery.
- Barton's Administration of Ethyl Chloride.
- Rawling's Landmarks and Surface Markings.
- Roberts' Medicine, 2 vols, 10th edition.
- Jones' Medical Electricity.

E. & S. Livingstone—
- Burnet's Diseases of Children.
- Glaister's Hygiene.

Longmans, Green & Co.—
- Thornton's Physiology.
- Bain's Practice of Medicine.
- Goodsall and Miles' Diseases of the Rectum and Anus, Vol. II.
- Waller's Exercises in Practical Physiology.
- Bennett's Recurrent Effusion into the Knee-Joint.
- Gray's Anatomy.
- Bain and Edgecombe's Harrogate Waters, Baths, and Climate.
- Ashby and Wright's Diseases of Children.

Macmillan & Co.—
- Allbutt's Historical Relations of Medicine and Surgery.

Y. J. Pentland—
- Thomson and Miles' Surgery, 2 Vols.

Rebman Company—
- Toldt's Atlas of Anatomy.
- Bland-Sutton and Giles' Diseases of Women.
- Klopstock and Kowarsky's Clinical Chemistry, Microscopy, and Bacteriology.

Scientific Press—
- Secretan's Anatomy and Physiology for Nurses.
- Sequiera's Light Treatment.

Smith, Elder & Co.—
- Ellis' Demonstrations of Anatomy.

Swan, Sonnenschein & Co.—
- Walters' Sanatoria for Consumptives.

John Wright & Co.—
- Walker's Dermatology.
- Reed's Diseases of the Stomach and Intestines.
- Constant's Naked Eye Anatomy of the Teeth.
- Medical Annual for 1905.
- Blair's Errors of Refraction.
- Sutherland's Dispensing Made Easy.

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All new works presented by the Publishers are kept in a special bookcase conveniently placed for anyone desiring to inspect them, and reviews of the books so presented will appear in due course in the Guy's Hospital Gazette.

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Presented by the Authors.

- Bland-Sutton's Essays on Hysterectomy.
- Craig's Psychological Medicine.
- Edebohl's Surgical Treatment of Bright's Disease.
- Eyre's Bacteriological Technique.
- Galabin's Midwifery, 6th edition.
- Goodhart and Still's Diseases of Children.
- Kidd's Design in Nature's Story.
- " Direction of Hair in Animals and Man.
- " Use-Inheritance.
- Sawyer's Practical Medicine.
- Hale White's Materia Medica.
- Yearsley's Diseases of the Ear.

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By Professor Osler—
- The Complete Works of Sir Thomas Browne; the Wilkin edition, 4 vols.

By Dr. Hale White—
Orthmann's Gynæcological Pathology.
By Staff-Surgeon P. N. May, R.N.—
Gould & Pyle's Anomalies and Curiosities of Medicine.
By Mr. C. H. Golding-Bird—
An Account of the United Hospitals' Club.
Report of the Committee of the Portland Hospital. Presented by the Committee through Lord Cheylesmere.
By the Council of the British Medical Temperance Association—
Report of the Interdepartmental Committee on Physical Deterioration.

Purchased by the Library Committee.

Politzer's Diseases of the Ear.
Hutchison on Food.
Glaister's Medical Jurisprudence.
Kocher's Operative Surgery.
Cushny's Pharmacology.
Lazarus-Barlow's Pathological Anatomy and Histology.
" " Experimental and General Pathology.
Jellett's Short Practice of Midwifery.
Forthergill's Midwifery.
Starling's Physiology.
Halliburton's Physiology.
Mitchell Bruce's Principles of Treatment.
Schäfer's Essentials of Histology.
Muir and Ritchie's Bacteriology,
Lehmann and Neumann's Atlas of Bacteriology.

The Davies-Colley Memorial Collection.

Kelly's Operative Gynæcology, 2 vols.
Nothnagel's Practice of Medicine—
Typhoid and Typhus Fevers.
Variola, Varicella, Cholera, Erysipelas, Whooping Cough, and Hay Fever.
Diphtheria, Scarlet Fever, and Measles.
Diseases of Pancreas, Liver, &c.
" Stomach.
" Intestines and Peritoneum.
Killian's The Accessory Sinuses of the Nose.
McEwen's Atlas of Head Sections.

## Pupils' Physical Society.

The fourth meeting of the Session was held in the Smoking Room, at the College, on Saturday, November 18th, at 8 p.m. Mr. G. H. K. Macalister was in the chair. Mr. C. W. Greene read a paper upon "Some Cases of Suppuration in the Lower Urinary Tracts." The audience was small, but there was a very keen discussion, in which Messrs. F. W. M. Palmer, Goodhart, Layton, Stebbing, Macalister, and the secretary, joined.

## Nursing News.

Matron's Office.

Nurse G. Harvey, who completed her training in August, left the Hospital on November 4th, having been appointed Staff Nurse at the Albany General Hospital, Grahamstown, South Africa.

On November 6th, Nurse Tippetts, Head Nurse in Esther, was transferred to the Massage Department, and Probationer Mahoney was appointed to succeed her as Head Nurse in Esther Ward.

Nurse Smith, Head Nurse in Victoria, was transferred to Addison on November 7th, and Probationer Leverton was appointed to succeed her as Head Nurse in Victoria Ward. Nurse Gregory, Head Nurse in Queen, was transferred to Ruth Ward on November 11th, and Nurse Archbold to Mary Ward.

Nurse Gration, who completed her training in August, left the Hospital on November 16th, to take up Private Nursing in the South of France.

On November 24th, Nurse Rigby left the Hospital on completion of her three years' training, and Probationer E. Wood was appointed to succeed her as Head Nurse in Addison Ward.

## Notice.

GUY'S HOSPITAL NURSES' CHORAL SOCIETY AND STUDENTS' GLEE CLUB.

A Concert will be held in the Court Room, Guy's Hospital, on Tuesday, December 12th, at 8 p.m., under the direction of Mr. Henry Taylor, when a programme consisting of vocal and instrumental solos and a selection of part songs will be presented. Accompanist, Nurse Margaret Taylor. Tickets, 2s. 6d. each, can be obtained from the Matron, Sister Amy, the Hon. Secretary, F. A. Barker, and from Members of the Committee. All seats unreserved. Carriages at 10.

## Guy's Physiological Society.

This Society met on Monday last, November 27th, when an interesting paper was read by Mr. H. Heasman on "Cerebro-Spinal Nervous System." The paper was followed by a discussion in which some of the members took part; about forty-five members were present. The chair was taken by Dr. D. Forsyth.

Next meeting, Monday 11th. "Nitrogenous Economy," by Mr. S. J. Darke.

R. A. RANKIN, Hon. Sec. & Treas.

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Sanatoria for Consumptives.* By F. Rufenacht Walters, M.D., M.R.C.P. Third edition, pp. 389. (Messrs. Swan, Sonnenschein & Co.) 12s. 6d. net.

The fact that this work has reached a third edition is a striking evidence of its value and popularity among the medical profession, the members of which require some authoritative work which they can consult when settling on a sanatorium to which they can send their patients. Dr. Walters was formerly Physician to the Mount Vernon Hospital, and so is fully qualified to write on such a subject. His experience has enabled him to write some excellent introductory chapters on the open-air or hygienic treatment of phthisis, which include directions for building and equipping sanatoria of all sizes, with elaborate descriptions of the various details of treatment as it should be carried out in an ideal sanatorium.

His views on the infectivity of phthisis are very reasonable, as he advocates a *moderate* amount of caution, and avoids a modern tendency to treat the tubercle bacillus as if it was, for instance, the germ of scarlet fever. He advises comfortable cushions for the chairs, so long as they have washable covers. In Germany, insurance against sickness has been made compulsory by law, with the result that the insurance companies have found it cheaper to treat their phthisical policy holders in sanatoria rather than pay their sick allowance—truly a wonderful development of modern insurance!

The larger part of the book consists of a description of all the existing sanatoria *in the world*—an unofficial directory which gives correct details as to facts, charges, position, &c., without in any way resembling an advertising publication. The length of description in each case and the number of illustrations, which are very good photographs, is regulated by the importance of each sanatorium, and apparently by that alone.

We can thoroughly recommend this book as most invaluable to all practitioners who are in need of such a book of reference.

*The Physiology and Therapeutics of the Harrogate Waters, Baths and Climate, applied to the Treatment of Chronic Disease.* By Wm. Bain, M.D., and Wilfrid Edgecombe, M.D. Pp. 300. (Messrs. Longman, Green & Co.) 7s. 6d. net.

At the beginning of the last century there were many fashionable spas in England, and the drinking of waters—with its more modern accompaniment of taking the baths—was a favourite form of treatment prescribed by the physicians of those days, and carried out at Bath, Tunbridge Wells or Streatham. These and other English spas continued fashionable till the latter half of the century, when the end of the Franco-Prussian War and the new-born love of travel led patients to visit Continental spas in preference to those in England. The result was that Carlsbad and Aix la Chapelle were filled to overflowing by the people who had abandoned Tunbridge Wells and converted Bath into rows of empty lodging-houses. Now efforts are being made to revive our Watering Places, and this book, written by two local practitioners, is an effort in that direction so far as Harrogate is concerned.

Supplied as it is by no less than eighty springs, all of which emerge within the compass of a few acres, the town is well adapted for such treatment, and the authors are to be congratulated on having written an elaborate and painstaking work which well repays perusal. The water of each spring is carefully described, its analysis and peculiar properties are given, with an account of the diseases in which it has been prescribed, and with what result. Blood-counts have been done in many patients taking the waters, and the figures are given, while the disadvantages of some of the springs are pointed out.

Admirably "got up," the book provides excellent reading.

*Indigestion.* By George Herschell. Third edition. (N. J. Glaisher.) 1905. 5s. net.

This is the third edition of the book, but it has been entirely rewritten in accordance with the great increase that has been made in our knowledge of gastric disease. Too little attention, as the author remarks, is given to the thorough elucidation of gastric complaints, the physician being contented with a diagnosis of indigestion without taking the trouble to find out the cause or real state of affairs in the stomach.

The book begins with a short chapter on the evolution of the stomach and the importance of keeping it in good working order; then follows a general description of the symptoms met with in "dyspepsia" and the errors in the process of digestion accountable for them. The next chapter deals with "Indigestion caused by food." It is divided up into sections on acute indigestion and the various forms of chronic disturbances which result if the irritation is kept up. These are hyperchlorhydria, hypersecretion and chronic interstitial gastritis. The treatment of indigestion is given on scientific principles, and must not be adopted blindly without a thorough knowledge of the case, as is so frequently done. A point on which the author lays stress is that the sight and flavour of foods are powerful factors in producing a flow of gastric juice, and hence the food should be, though plain, "delicately cooked and daintily served." Atony and dilatation of the stomach—another result of chronic irritation—is treated in a chapter by itself. It is important to remember that impairment of motivity plays the most important part in the production of "indigestion"; in this connection the author instances the careless feeding of infants, the bottle containing food in amount several times greater than the stomach capacity. The prevalent lax and faulty methods of diagnosis are severely criticised, and in the last

chapter is a very clear and good account of the methods of investigation, which alone is well worth reading. In treating atony and dilatation the author says, "with electricity it is in our power to cure practically all the slight and many of the more severe forms." This seems to us to be rather a sweeping assertion, and not quite in accordance with our knowledge of the uses of electricity in other diseases. There is also a chapter on neurasthenic dyspepsia. The author points out the possibility, by means of a thorough investigation, of diagnosing early cancer of the stomach. This is, of course, of the utmost importance, as when there is a palpable tumour and all the symptoms of pyloric stenosis and emaciation, the disease is practically beyond the surgeon's aid. There is a large appendix on the cooking of various foods for the dyspeptic's use, which should be of considerable service.

*Organotherapy: or treatment by means of preparations of various organs.* By T. H. Batty Shaw, M.D. Lond., F.R.C.P. Pp. 250. (Messrs. Cassell & Co.) 6s.

This is the third volume of the series of books issued by Messrs. Cassell on Modern Methods of Treatment. The subject of which the book treats is perhaps one of the most interesting of all the many with which we have to deal, but one cannot read the book without reflecting on the vast amount of work that has been done and the paucity of really useful, or, if we may be allowed to use the word, useable results.

The author treats the subject with considerable skill, placing the matter shortly, and at the same time lucidly, before the reader. He does not weary one with too muoh detail, but the student who is not satisfied is provided with a very copious supply of references to the original literature from which the statement was taken. The author has ransacked the literature of the scientific world and gives the results of the observers with an unbiassed mind.

The work is divided into five sections dealing with the different glands, and in each section the anatomy and physiology are briefly sketched and then the Chemistry and Experimental and Therapeutical investigations recounted in detail. The thyroid gland is taken first, and all that is known about it is laid before the reader. It is interesting to note that this is the only gland which can boast a developmental reason for the success of its use, when taken by mouth, as it will be remembered that in early fœtal life its duct opens into the pharynx. With reference to myxœdema, a cure can always be anticipated, while, on the other hand, no product of the thyroid gland or the thyroidectemised animal can as yet be said to influence Graves' disease. Other sections of interest are those about cytolytic sera, though no very successful work on this subject has been recorded. A chapter is devoted to the empirical uses of the thyroid substance, as, for example, in the healing of delayed union of fractures. After the thyroid the suprarenal is discussed; though its extract has no effects on suprarenal insufficiency, its marked effects on the vascular system are very interesting and full of practical possibilities. Local anæsthesia (in conjunction with cocaine) is dealt with at some length, and forms a most instructive chapter. These two glands take up three-fifths of the volume, of the remaining part, that dealing with the ovary is the most practical, as this latter is one of the few glands which really has an unmistakeable action when taken by the mouth, in the way of replacing the original organ, diseased or removed by operation. All the glands, indeed, almost every tissue in the body, finds a place at some part of the book in reference to the subject of internal secretion. The book on the whole is full of interest, and is written so as to be read with the greatest of ease, and we can recommend it to anyone interested in the subject. It comes almost as much within the scope of the physiologist as of the medical student, and indeed will fill a gap in the text-books of physiology in most of which the subject is scantily treated.

*Ellis's Demonstrations of Anatomy.* Twelfth Edition, pp. 851. Revised and edited by Christopher Addison, M.D., B.S., F.R.C.S. (Messrs. Smith, Elder & Co.) 12s. 6d. net.

This dissecting-room handbook has enjoyed a well-deserved popularity for a large number of years, and the editing of a new edition must have been no light work Mr. Addison is to be heartily congratulated on the result of his labours.

The arrangement of the subject-matter has been altered. The dissection of the upper limb is now taken first, and the student passes from this through the usual series of increasingly difficult dissections to the most complex portions of the head and neck—a re-arrangement which will be thoroughly appreciated by both teacher and student.

The subject-matter and its general features remain unchanged except for the introduction of new facts, which have been established since the appearance of the last edition, the alterations being most marked in the section dealing with the abdomen and its viscera.

A number of new diagrams and illustrations have been introduced, adding greatly to the value of the work. A judicious use of colour adds greatly to the clearness of the illustrations. Those of the bones, with a clear representation of muscular attachments, will be particularly useful to the student.

We note with pleasure the retention of marginal notes, which give the reader the substance of any particular paragraph at a glance, a feature especially valuable in rendering reference easy and rapid.

We can confidently recommend the book to those who wish a full, clear, and concise account of the dissection of the human body.

*Report on a Fourth Outbreak of Plague at Sydney.* By J. Ashburton Thompson, M.D. 1905. (Sydney.) 1s. 6d.

This scholarly report contains much of interest, and ends up with some important conclusions, among which we note :—

1. The disease was not communicated from the sick to the well—in other words, was not "catching."

7. An epizoötic disease among rats preceded the first case which occurred in man.

8. This epizoötic disease was plague.

11. The epidemic was caused by communication of the infection from rats to man.

*Catalogue of Surgical Instruments and Appliances.* Pp. 1864. (Messrs. Arnold & Sons.)

We have recently received from Messrs. Arnold and Sons their latest catalogue. It is the largest catalogue ever published by any firm, and contains nearly 2,000 pages, which are fully illustrated, and describe, we should imagine, every known surgical instrument, however little it may be used. Every surgeon with peculiar wants will find them supplied in the book now before us.

## From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane* :—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate.*

Postal Orders to be made payable to Mr. C. H. WELLS.

### NOTICE.

H. R. M., HASTINGS.—This sputum is comparatively free from pus; it contains a moderate number of leucocytes with a few columnar cells, some pharyngeal squames and alveolar cells. There is no evidence of malignant disease, and tubercle bacilli cannot be detected.

PATHOLOGIST.

# Sport.

## Rugby Football.

### GUY'S v. OLD MERCHANT TAYLORS.

Played at the Old Deer Park, Richmond, on Saturday, November 18th.

Losing the toss, Guy's kicked off against wind and hill. Good rushing tactics by the O. M. T.'s forwards and fine touch kicking by Raphael soon put them on the attack. Fifteen minutes from the start McEvedy was penalised for standing off-side, and Raphael kicked a fine goal. From the kick-off Guy's attacked for a short time, but were soon forced back to their twenty-five. A loose rush by their forwards should have been checked by the Guy's backs, and Gibson was at fault in taking a flying kick, and the ball, rebounding from one of their forwards, let Bourns in. The kick at goal failed. Up to this point the Guy's forwards had played miserably, but from now to the interval they held their own and gave their backs a few chances. Twice in quick succession the Taylors' half-backs were penalised for off-side, but in both cases the kicks at goal failed, although one was in good position. Half-time arrived without any further score.

The second half was more evenly contested, but the Guy's forwards were no match for their lighter opponents, either in the tight or in the open, and the backs had few chances. A loose kick by Barrett, which he followed up well, resulted in a try far out, and this was the end of the scoring. Time was called ten minutes early owing to fog. O.M.T.'s two tries and a penalty goal (9 points), Guy's nil. Team :

GUY'S.—Gibson, Morgan. McEvedy, Covell, Digby, Willan, Morgan, Pinching, Saunders, Williams, Alcock, Milton, Sprague, Stout and Mullins.

REMARKS.—Gibson at back was off-colour. The three-quarters had few chances, and did not make the best use of them. Morgan on the wing was starved. The halves played well behind a beaten pack. The forwards were most disappointing, the packing was bad, and play in the open lacked life.

### GUY'S v. LONDON IRISH.

Played at Walthamstow on Saturday, November 25th.

Guy's kicked off down the steep hill and at once attacked. The New Zealand formation was adopted in the scrum owing to the absence of one of the forwards. Guys' heeled well, and several times were very dangerous. At length Alcock, receiving from Morgan, made one of his characteristic runs from half-way and scored. The kick failed. Guy's resumed the attack, but half-time arrived without further score.

Guy's now had fifteen men, and packed eight in the scrum, so even play followed, each side attacking in turn. Following a smart run by McCormac, Walsh took a good pass and scored very near touch. No goal resulted. On resuming, Guy's attacked hotly, but the Irish forwards, helped by the slope, at length returned

play to the Hospital twenty-five, when Walsh again forced himself over the line. A try was allowed, but would have been prevented if the Guy's men had tackled low. The kick at goal failed. Guy's attacked hotly for the remaining few minutes, but failed to equalise. London Irish, two tries (6 points), Guy's, one try (3 points). Team:—

GUY'S.—Gibson, F. Alcock, Morgan, Covell, Stringer, Hunot, Digby, Pinching, A. Alcock, Williams, Milton, Ball, Sprague, Robinson and Mullins.

REMARKS.—Gibson at back played well. F. Alcock made a welcome first appearance as captain, and although lacking condition, played with all his usual dash. In the absence of our usual halves, Hunot and Digby performed creditably. The forwards were moderate. Of the reserves, Robinson was the best. We were unfortunate in having six men scratch for this game.

## Association Football.

GUY'S v. OLD WESTMINSTERS.

On November 18th Guy's met the Old Westminsters at Honor Oak Park.

The opposing side were entirely outplayed and beaten by 5 goals to nil. From the kick-off, Barnett soon secured the ball, and going straight through, scored our first goal. Guy's kept going strong during the first half, and scored two more goals through Barnett and Witts.

After half-time the game was slack, our opponents evidently tiring of playing a losing game, and we managed to add two more to our score, making a total of 5 goals to nil. Team:

GUY'S.—C. A. Wood (goal); G. Robertson, H. Bastard (backs); P. Pedrick, A. F. Denning, A. Zorab (half-backs); A. W. Berry, C. Witts, H. Boxall, E. Barnett, F. Barker (forwards).

REMARKS.—Wood in goal was very safe. Bastard is still slow, but has plenty of dash, and uses his head well. Barnett was responsible for three goals and played a fine game. Barker at outside left put in several good centres.

GUY'S v. BARNES.

On November 25th, Barnes came down to Honor Oak Park and suffered defeat by 4 goals to 0. They were unfortunate in only having ten men. The game was very tame. Four goals were scored in the first half and nothing in the second. Barker worked hard at outside left and put in many good centres.

The goals were scored by—Witts, 2; Barnett, 1; Boxall, 1. One of the shots from Witts was quite one of the best seen on the ground this season. Team:—

GUY'S.—C. A. Wood (goal); G. Robertson, H. Bastard (full-backs); P. Pedrick, A. F. Denning, A. Zorab (halves); A. W. Berry, C. Witts, H. Boxall, E. Barnett, F. A. Barker.

REMARKS.—The team was very slack, chiefly owing to the weakness of our opponents, but this is no excuse for many of the poor shots put in from the forwards. Wood, when tried, was never found wanting. Denning was the keenest of the halves, and many times put some life into the game by his individual efforts.

## Papers by Guy's Men.

Report on School Hygiene to the Sub-Committee of the Gloucestershire Education Committee. By Myers Coplans, M.D. Lond.—*British Medical Journal*, 11th November, 1905.

Clinical Remarks on the Operative Treatment of Simple Fractures. By W. Arbuthnot Lane, M.S., F.R.C.S. —*Ibid.*, 18th November, 1905.

Antiseptics in Obstetrics. By Thos. G. Stevens, M.D. Lond., F.R.C.S., M.R.C.P.—*Clinical Journal*, 22nd November, 1905.

## Change of Address.

Mr. W. C. Ball, M.A., from 30a, Prince of Wales Road, Battersea, S.W., to 48, Bovill Road, Honor Oak Park, S.E.

Dr. E. T. Jensen, from 9, Osnaburgh Street, Regent's Park, N.W., to 57, Devonshire Street, Portland Place, W.

Dr. Harold Mann, from Guy's Hospital, to 11, Upper Wells Road, Bath.

We are requested to state that Dr. Arthur Pearson, whose change of address from Rhodesia to Ealing was notified in our last issue, will not arrive in England till early in April next.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

### Marriages.

BADCOCK—BOWEN-JONES.—On August 16th, at the King's Weigh House Chapel, G. W. Badcock, L.D.S., son of John Badcock, Benson, Oxon., to Gwladus Bowen, daughter of Rev. J. Bowen-Jones, B.A., Brecon.

ELLIS—BERNARD.—On November 14th, at St. Mary's, Leigh Woods, Clifton, by the Rev. J. E. Alcock, M.A., Rector of Hawling, Glos., assisted by the Rev. J. Gamble, M.A., Tom Bertie Royal Ellis, L.D.S., only son of the late Thomas Ellis, of Nottingham, to Mary Jessica, eldest daughter of William L. Bernard, of Kingston Lodge, Leigh Woods.

### Deaths.

CRESSWELL. — On November 22nd, at Dowlais, Glamorgan, Pearson Robert Cresswell, C.B., F.R.C.S., Honorary Colonel 3rd V.B. Welsh Regiment, in his 72nd year.

FOTHERBY.—On November 18th, at Woodthorpe Cote, Reigate, Henry Isaac Fotherby, M.D., late of Finsbury Square, London, aged 83 years.

EDS.—F. W. M. P., H. C. C.

# GUY'S HOSPITAL GAZETTE.

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## Passim.

IN the last number of the GAZETTE we published the programme of the Christmas week entertainments. Since then certain alterations have been made in the arrangements for the Residents' Theatricals. It was originally proposed that of the three nights, the two last should be devoted entirely to the sisters and nursing staff, but that on the first night, on Tuesday, December 26th, the larger part of the seating accommodation should be given up to Guy's men, their friends and relations, and that in order to allot these seats as fairly as possible there should be a ballot some days before the performance. It has been pointed out, however, that this particular Tuesday is Boxing Day, a day when travelling is difficult and unpleasant, and when a great many people have other engagements which they may not feel disposed to break. Under the circumstances the Matron has been good enough to allow some of the nurses to be present on each of the three nights, so that it is now possible, on each of the three nights, to allot a certain number of seats to men and their friends. The Residents have decided to abandon the ballot and to allot seats in order of priority of application—applications to be made to Mr. Louisson at the College as before. At the same time, the Residents wish it to be understood that the largest number of seats are still available for the *Tuesday* evening performance, and they express the hope that as many as can make it convenient to do so will apply for seats on that night. Applications for seats for Tuesday which have already been received by Mr. Louisson, will stand unless he should hear to the contrary.

THE Residents are now actively engaged in rehearsals in the Court Room. Mr. N. H. Oliver has kindly undertaken to act as stage-manager, and has succeeded in unearthing a surprising amount of dramatic talent, so that the performance this year should not fall far short of the high standard of excellence which was reached while Mr. H. M. Woodward was still with us. It goes without saying that Mr. Woodward will be terribly missed. Last year he not only took a main part in all three pieces, but he stage-managed the entire production, and this although he was already suffering severe pain. A week later he had to take to bed, and he has been kept more or less a prisoner ever since. It is good news at this time of year that he is making steady progress to recovery.

A PROPOS of the Theatricals, we have received suggestions from more than one source that a

small charge should be made for admission, the proceeds to go to the Million Shilling Fund. As a matter of fact, the question was discussed among the Residents, but the proposal was outvoted. When a charge for admission is made, fees must be paid to the author and publisher of any play produced, and this in itself would swallow up a large part of the proceeds. For ourselves, we sympathise with the Residents when they hesitate to demand money from their guests, even in the sacred cause of charity. At the same time, should any of the audience feel disposed to show their appreciation of the play or of the players in the way suggested, the Million Shilling Fund is very much at their disposal.

The Niggers, under the care of Mr. G. A. Ticehurst, are making rapid progress. If any of them are tempted to feel a little aggrieved at the amount of time which they are compelled to sacrifice, and begin to wonder if the game is worth the candle, let them be quite certain that theirs is the entertainment which gives the greatest pleasure to the greatest number. We were convinced of this some time ago when, on the District, we had to deal with a patient, a worthy woman who, in spite of other pressing matters in hand, was quite unable to talk of anything but of the Christmas Day she had spent in Guy's two years before. Of this happy time her reminiscences lasted for more than an hour, and were punctuated with shouts of appreciative laughter by the attendant matrons, until at length, lying back in their chairs, they begged her to desist, speechless, in a positive abandonment of mirth. It may interest Mr. Blake Odgers to know that it was the recollection of his own particular antics which chiefly amused the dame and her hearers. Let the "Niggers" stick to it; their shafts of wit may penetrate further than they had supposed.

And so the *Guyoscope* has been revived! It is nearly seven years since the little group of Guy's men, whose ready wit had brought real fame to their little hospital magazine, and whose names have been names to conjure with ever since, rested from their labours and were content. Since then the Hospital has been without a humorous paper of any sort, and both past and present Guy's men have deplored the want. Only the Gazette has kept plodding on, recording the rotation of the Hospital year, the annual recurrence of functions as dull this year as the last. Forced to serve up this mass of indigestible stuff, the Gazette has few opportunities of being appetising, and will always welcome the appearance of a tasty savoury from the shop over the way. And so, when rumour reached us that a magazine which was to make us laugh was projected, we rejoiced and were glad, and wished it all success, but when we heard that its founders were to christen it with this name of names, the *Guyoscope*, we confess that we stood aghast at their temerity. If they did not hesitate to challenge comparison with the *Guyoscope* of seven years ago, they must either be unusually gifted or unusually rash. We recommend all readers of the Gazette to provide themselves with a copy of the new magazine. They will find it in all externals a replica of the *Guyoscope*; the old headings are utilized, the best of the articles echo the old note, and in the matter of it they will find sufficient genuine humour to make them regret more than ever that the *Guyoscope* is no more.

A question which has for the past year or two aroused a great deal of feeling has just been quietly and finally settled. At a meeting of the United Hospitals' Rugby Football Club it was proposed by St. Mary's, and seconded by Guy's, that the time during which a man may represent his hospital should be extended to seven years. This motion was carried unanimously, a somewhat surprising result, if we consider the heated discussion and strong feeling which was so recently aroused by the same question. In order to prevent any man at present out of his year from being again made eligible, the arrangement was come to that for next year the extension should be limited to six years, but that from 1907 onward the rule should stand that a man may play for his hospital for seven seasons. It is a change which Guy's has for

some time striven to bring about, and which has been strenuously opposed by the majority of other hospitals, the reason for whose sudden change of view is not very apparent. The alteration should have a marked effect in raising the standard of hospital football. Hospital football ought to be, but till now has usually just failed to be, the most attractive in London. At the same meeting it was decided to present a Challenge Cup for competition among the hospital second fifteens.

The draw for the Inter-Hospital Rugby Cup is announced :—

| | | |
|---|---|---|
| University | v. | King's. |
| London | v. | Charing Cross. |
| Middlesex | v. | Westminster. |
| Guy's | v. | Bart.'s. |
| Thomas' | v. | St. Mary's. |

As usual we have not been favoured by the draw, and have to meet a stiff opponent early. Bart.'s and the London are probably our most dangerous rivals for the Cup. We must see to it that it is Bart.'s, and not ourselves, that have to complain of the ill-luck of the draw. For the second fifteen Cup we are drawn against University.

As the result of much criticism and practice, the Association team has materially improved in every respect. Perhaps in no previous season has the team been so consistent in playing the same men. Scratchings are rare. Last week three of the team went across to Dublin to help to represent the United Hospitals at Soccer. Two very fast games were fought, Trinity College beating us by two goals to nil, and the Catholic University having bad luck in losing to us by two goals to nil. After the matches the team was entertained in true Irish style by the opposing side. The tour was an immense success, and the Dublin men are expected to return the visit next year.

We regret to have to announce the death of a well-known Guy's man. Henry Isaac Fotherby, M.D., died suddenly at Reigate of pneumonia on November 18th. Born in 1822, he entered the Hospital so long ago as January 1st, 1838, travelling from his Lincolnshire home by stage coach. At Guy's he was the pupil of Addison, Aston Key, and Edward Cock, and the close friend of Braxton Hicks and Sir William Gull. Dr. Fotherby devoted a considerable part of his time to the affairs of the Hunterian Society, of which he was at one time Secretary, and afterwards Vice-President. His loss is keenly felt by a very large circle of friends.

We have to deplore the loss to the Hospital of our engineer, Mr. Barnes. Mr. Barnes will be genuinely missed, and he will take with him the good wishes of all with whom he has come in contact. At Christmas time especially his place will be hard to fill. It is a time when many people in hospital are busy, but no one more so than Mr. Barnes. The marvellous stage effects achieved year after year at the Residents' Theatricals are only one example of his great power of working under difficulties. If the telephone bells refuse to ring, if the lift hangs inert in mid-air, we shall know it is in protest at Mr. Barnes' departure.

A chance remark of ours in Passim, a few weeks ago, that there was something a little pathetic in the suggestion of a correspondent in the *Westminster Hospital Gazette* that its First Year's men, at present exiled at King's, should endeavour to assert the importance of their school by the frequent wearing of Westminster ties and colours, has apparently rankled. At any rate, it has enabled the Editor of our contemporary to fill the whole of page 173 and a part of page 174 of his journal with a protracted description of our own shortcomings.

We publish to-day a reply to the poem which appeared a little while ago, "Sammy and our Mammy." It is the work of the most eminent of our consulting physicians, and the one best fitted to reply.

## From the Gazette's Special Pathologist.

H. V. M., Wanstead. — This sputum was mucopurulent in character, but no tubercle bacilli could be detected in it. PATHOLOGIST.

# In what Cases of Disease of the Stomach should the Physician seek the aid of the Surgeon?

CLINICAL LECTURE BY DR. W. HALE WHITE,

November 2nd, 1905.

Gentlemen,—This afternoon we are going to discuss the question, in which cases of disease of the stomach should a physician seek the aid of a surgeon. There is no doubt that when a patient with a gastric ulcer suffers from perforation of that ulcer into the peritoneal cavity the physician should at once seek the aid of a surgeon.

We have had a case during the last few days illustrating this. It was that of a woman, æt. about 25, who was being treated outside the hospital by Dr. B. A. Richmond for a gastric ulcer. Last Sunday morning he was summoned. He found her in intense pain, which had come on suddenly, and he concluded from this and other symptoms that she was suffering from perforation of her ulcer into the peritoneal cavity. She was brought to Guy's, reaching here a little before four, and I was telephoned for, but was out. The clinical assistant telephoned for Dr. Bryant, but he was out. I returned home at five, was down here a little before six, came to the conclusion she had a perforated gastric ulcer, telephoned to Mr. Steward, and the patient's abdomen was opened before seven o'clock. I give you those times merely because they will impress upon you that we felt that if we were to save the woman's life we must act promptly. Everything depends, in these cases, upon their being operated on early; there must be no excuse whatever for delay in operating upon a case of perforated gastric ulcer if the perforation has been diagnosed.

Mr. Mayo Robson gives the statistics of many cases, and finds that among those operated on under twelve hours from the time of perforation the mortality is 28·5 per cent.; among those operated on in from twelve to twenty-four hours it is 53·6 per cent.; among those operated on in from twenty-four to thirty-six hours 87·5 per cent.; and among those operated on in from thirty-six to forty-eight hours 100 per cent.

I was told when I reached the hospital that at four o'clock her pulse was 90, at five o'clock it was 100, and at six o'clock it was 112; so you see how rapidly it was mounting. Her abdomen was perfectly rigid, but not distended, and the recti were strongly contracted. It was tender, and at the upper part there was great pain. She was not sick, her tongue was clean, and a blood count showed only 6500 leucocytes. I ask you, in passing, to notice that interesting fact, because it shows that eight hours after the acute onset she had not yet shown any reaction in her leucocytes. Her respirations were not particularly rapid, and her lungs seemed perfectly healthy. As I stood by the bedside I naturally considered whether it was quite certain that she had a perforated gastric ulcer. Several things will cause severe abdominal pain, and it was on account of the severe abdominal pain that Dr. Richmond sent her here. For instance, hepatic and renal colic, cholera, dysentery, ulcerative colitis may all cause very severe sudden pain in the abdomen, and it may be difficult to distinguish other varieties of pain from that due to perforation of a gastric ulcer. It is therefore particularly important to let that group pass through your mind when you are thinking about the subject, because you should never operate during lead colic or biliary colic, nor would you for ulcerative colitis, cholera or dysentery. There was nothing to make us suspect any of these in our case. There was undoubted acute peritonitis, and we had the history that Dr. Richmond had attended her for gastric ulcer. Moreover, if it had been one of those other conditions, I do not think the pulse would have mounted so rapidly. We were reminded of the possibility of difficulties by the fact that a fortnight ago a woman was admitted into Clinical who had sudden severe abdominal pain. We did not think she had a perforated gastric ulcer, but we were unable to make a diagnosis. I cannot spare the time now to go into details of her case, but the autopsy showed that she probably had acute pancreatitis, and it may be very difficult to distinguish that from perforated gastric ulcer, because in both there is sudden severe abdominal pain at the upper part of the abdomen, tenderness, and the patients rapidly become collapsed. But acute pancreatitis simulates acute obstruction rather than perforated gastric ulcer. Patients with acute pancreatitis nearly always vomit early and considerably, and, again, their bowels are opened with difficulty, if at all; but I am sorry to say that in the present state of our knowledge it is very doubtful whether the diagnosis of acute pancreatitis can be sufficiently certain for you to be able, at the bedside, to take up the

attitude that you are sure the patient has acute pancreatitis, and that therefore the abdomen must not be opened. The condition so closely resembles acute obstruction, and to a less degree perforated gastric ulcer, that even if you think it is acute pancreatitis you ought to open the abdomen, as you are likely to be wrong in your diagnosis.

As we stood by the bedside we wondered whether our patient had acute strangulation of the bowels. But we had the history of gastric ulcer, there was hardly any vomiting—which in acute strangulation would have occurred—there was no tendency for the abdomen to become distended, and the pain was at the upper part of the abdomen, not at the umbilicus, as it probably would have been in a case of strangulation. Another thing to think of in the case of a woman is whether she has an ovarian tumour, the pedicle of which has become twisted. I have seen that once or twice. But in the case which I remember well we had the presence of a tumour to help us, and the patient was not so severely ill as was this woman with the perforated ulcer, nor did the pulse-rate mount so rapidly, nor was the pain in the upper part of the abdomen, but lower down over the tumour. And do not forget that symptoms very similar to those of our patient may mean a ruptured extra-uterine pregnancy. I have seen this overlooked. And, of course, you always think of the possibility of there being a ruptured abscess in connection with the appendix, or a perforation of this organ. But there was no pain or tenderness over the appendix here. The mistake of confusing any of the conditions just discussed with a perforated gastric ulcer is not so dangerous as that of mistaking the first group of conditions for it, because in the second group the abdomen should be opened.

You will have noticed that I said I examined the lungs of this patient who came in on Sunday. The reason I did was that frequently this mistake is made. The patient has pneumonia, often with some pleurisy, over the diaphragm, the pain is referred to the abdomen, and owing to the immobility of the diaphragm, due to inflammation of it, it is painful to move the abdominal wall, and the abdomen may even become distended, and you may mistake the case for one of intra-abdominal disease. A week ago to-day I saw a man in the evening who had been in bed for a few days with fever. The reason I saw him was that his temperature shot up suddenly, he was taken with severe abdominal pain, and when I saw him his abdomen was distended and immobile, and he looked as if some viscus might be perforated, or as if he had some acute strangulation, although against either was the fact that there had been no fall of temperature with the onset of the pain. But on turning him over and listening to his back, bronchial breathing could be heard. It was clearly a case of pneumonia with prominent abdominal symptoms. Sometimes when pneumonia gives rise to these abdominal symptoms there is an invasion of the peritoneum by the pneumococcus, and we know pneumococcal peritonitis is one of the forms of peritonitis. Please remember when you are at the bedside of an acute abdominal case that you have not done your duty unless you have examined most carefully to ascertain whether it can possibly be that the abdominal symptoms are really due to pneumococcal pleurisy or pneumonia. And, apart from examining the lungs, the thing which helps you most is the rapidity of respiration. I never thought that this woman, whose stomach you see before you, had pneumonia, because she was not breathing rapidly. But the man whose case I just related to you I thought we should find had pneumonia, because he was breathing about sixty to the minute.

The after-history of our case is this. When the abdomen was opened, the huge ulcer, which you can see in the stomach I hand round, was visible, and perforation had taken place. Mr. Steward sewed up the hole, but you will be able to appreciate how extremely difficult it was to sew it up satisfactorily, because it is a very large ulcer, and perforation had taken place in its centre, and for a radius of at least two inches around the perforation the stomach wall was composed of fibrous tissue resulting from the ulcer. For the first thirty-six hours the patient did admirably, but after that fresh signs of peritonitis supervened. Mr. Steward's own impression was that the perforation had again leaked, and if you look at the specimen carefully you will see that it was almost, if not quite, impossible to expect the stitches to hold. I have never seen a perforated ulcer which presented greater difficulties.

Next, let us consider some of the chronic results of gastric ulcer. Should an operation be performed for cicatrization of an ulcer if it leads to a considerable dilatation of the stomach? I have here the report of a man whom many of you saw, who was admitted into bed 12, and subsequently into bed 13, in Addison ward. He was an asylum attendant, and had bad aortic disease; but he had, I think, the biggest dilated stomach

I ever saw. One day we saw three quarts of material which he had vomited up at one gush. This degree of dilatation naturally incapacitated him from his work, and we had to think what could be the cause of so great a dilatation. And I may, in passing, say, speaking only from experience, that very great dilatation of the stomach almost invariably means organic obstruction of the pylorus. Chronic dilatation not due to an organic cause rarely, if ever, reaches an extreme degree. The more cases I see, the more I get convinced that extreme chronic dilatation means organic obstruction at the pylorus. Of course I exclude cases of acute dilatation such as those described many years ago by Dr. Fagge. Our patient did not look as though he had a growth of the pylorus; he was not much wasted, nor was there any suggestion from his history that he had ever had gastric ulcer. Still, as for many reasons I did not think that he had malignant disease of his pylorus, nor that the duodenum was constricted by ulceration of it or by adhesions from the outside such as we see as a result of trouble in the gall-bladder, I thought the gastric dilatation was probably due to a cicatrized gastric ulcer. He consented to an operation, and you will remember that Sir Alfred Fripp opened the abdomen, and short-circuited from the stomach to the small intestine. He found a cicatrizing ulcer just on the gastric side of the pylorus, and it had contracted to such an extent that hardly any food could get through, and that was the cause of the dilatation. The man has gone out, very much better for his operation. Remember, however, that it is nearly always worse than useless to operate upon cases of gastric dilatation when the dilatation is not due to organic obstruction. Therefore much responsibility rests with you to determine correctly the cause of the dilatation.

Chronic gastric ulcers do other things besides leading to dilatation of the stomach; they are very prone to form adhesions to surrounding organs. For instance, a table is given by Dr. Fenwick. In one hundred and twenty-three cases of gastric ulcer with adhesions, he found that in 40 per cent. the stomach was bound by adhesions to the pancreas, in 26·8 per cent. to the liver, in 8·1 per cent. to the pancreas and liver, in 5·7 per cent. to the colon, in 3·2 per cent. to the liver and colon, in 1·6 per cent. to the spleen, in 2·4 per cent. to the mesentery, and 12·2 per cent. to three or more organs. As gastric ulcer is common, you will frequently come across patients in whom these adhesions have formed, for they are found in 45 per cent. of all the gastric ulcers found in the post-mortem room. Such patients usually complain of a severe pain in the upper part of the abdomen. Sometimes the pain is almost constant, and frequently there is superadded to it a series of paroxysmal attacks of pain which often occur in those in whom there is no constant pain. It is all very well to say that the stomach when it contracts pulls upon the adhesions. That may be a partial explanation of the paroxysmal nature of the pain, but I do not think it can be the whole explanation, because in some cases the paroxysms are a week apart, and these paroxysms of extreme pain form one of the most striking symptoms of adhesions due to gastric ulcer, and I have known them last thirteen years. Frequently food does not increase the pain, as it would do in cancer or in ulcer of the stomach. If the adhesions are not causing any dilatation of the stomach, or if the ulcer is not active, there may be no symptom except pain, and the patient is often quite unjustifiably set down as being a neurotic dyspeptic, and is said to have gastralgia or gastrodynia. The patient is often not wasted, his tongue is clean, he is not sick. In fact, he complains of nothing but severe pain which is for the most part paroxysmal. Sometimes there is tenderness over the seat of pain, and sometimes the mass of adhesions can be obscurely felt. These adhesions constitute another condition for which you may advise operation; take away the adhesions, not simply divide them, because the divided portions may come together again. The relief given by this operation is sometimes very great, but often it may be that you cannot do much, because the adhesions are so dense. For instance, you cannot hope to free dense hard adhesions passing from the back of the stomach to the pancreas. Then there is another point to remember with regard to operating for these adhesions, namely, that in women in whom they have been present for a long time, a number of neurotic symptoms become superadded to the organic symptoms of disease of the stomach, and then you do not cure all the neurotic symptoms by freeing the adhesions, just as often, when a floating kidney is fixed, many of the neurotic symptoms associated with it are not cured by its fixation. I have not time to give you many instances of the benefit following the division of these adhesions due to gastric ulcer, but here is a very striking one. A woman, æt. 28, came into the hospital for agonizing pain, which we considered to be due to adhesions in connection

with a gastric ulcer. Mr. Lane opened the abdomen. A band half an inch wide was seen to pass from the lower curvature of the stomach to the intestines below it. We could see that it arose from a gastric ulcer. Mr. Lane removed it, and the patient's pain was completely relieved.

There is another group of cases which we might mention here, although they are due to another cause, namely, adhesions in connection with the stomach due to some disease outside the stomach. Last week I saw a man whom I had seen three years ago for abscess of the liver. Mr. Lane drained that abscess, and the man got well. During the last year or so he has been complaining of extremely severe paroxysmal pain on the right side. It was so bad that he sent for Dr. C. H. Clayton any time, day or night, once a week or so. When it seized him he had to lie down somewhere; if he was about to return home he had to lie in a waiting-room until the paroxysm has passed. On examining him we found absolutely nothing wrong; his tongue was clean, there was no dyspepsia, no tenderness, and he was not wasting. Knowing that he had had a hepatic abscess, which had been drained, one naturally made the suggestion that the stomach had become adherent to the liver owing to local peritonitis due to this abscess, and that adhesions were dragging the stomach and holding it up to the liver. The pain became so severe that Mr. Lane consented to open the abdomen, and there was just the sort of thing that we had pictured. On lifting up the liver, the stomach was seen to be puckered up towards it, and was adherent to its under surface. Mr. Lane peeled the adhesions off; they were over a large area, and there was a depressed scar-like area on the under surface of the liver, clearly the seat of the old abscess, and as this fibrous tissue contracted up it dragged the stomach with it, causing the intense pain. The man has now lost his pain and is doing well. The abscess was originally opened on its upper surface through the chest.

Another group of cases, of which I saw an instance next day with Mr. Lane, is composed of those in which inflammation round the gall-bladder causes some trouble of the stomach. Next to gastric ulcer, the most frequent cause of adhesions in connection with the stomach is chronic peritonitis around the gall-bladder. The patient has great pain there, and possibly some gastric dilatation; and freeing the adhesions relieves the pain. The particular man I refer to was a patient whom Mr. H. J. Sharp had attended for severe biliary colic. On opening the abdomen, we found a mass of fibrous tissue, in the position of the gall-bladder, as big as my fist. It dragged the pylorus and the stomach up and fixed the duodenum, kinking the hepatic flexure of the colon. One saw the stomach disappear into this mass, and the second part of the duodenum coming out of it; one also saw the ascending colon going into it, and the transverse colon coming out of it. In this case we found many gall-stones, and there was no doubt that the local peritonitis arose in connection with the gall-bladder. The first and most common cause for adhesions in connection with the stomach which the surgeon can relieve is gastric ulcer; next, chronic inflammation around the gall-bladder.

We now come to the difficult question of gastric hæmorrhage. You know it is commonly believed that gastric ulcer is far more frequent among women than men, is much more common between twenty and forty than at any other age among women, and that its incidence upon men occurs at a later age. Then, also, many post-mortem statistics show that gastric ulcer kills as many, or even more, men than women. So you have a disease which some would tell you is commoner in women than in men, and yet more fatal in men, and which falls upon women at an earlier period of life than in men. Clearly, if these statements are true, the outlook in gastric ulcer must be very much better in women than in men, because more women have it. There is another possibility, and that is what I have been accustomed to teach for many years. It may be that many women who are said to have gastric ulcer have not got gastric ulcer at all—that our diagnosis is wrong. I think that is now accepted as the correct teaching. There is a disease, formerly confounded with gastric ulcer, chiefly affecting women between the ages of twenty and forty, and its chief symptoms are gastric pain, nausea, sickness, and hæmatemesis; but these symptoms are not dependent upon gastric ulcer, and the diagnosis of this condition from genuine gastric ulcer in women is very difficult. These women who have not got ulcer often suffer from amenorrhœa, and have symptoms suggestive of chlorosis, but they, of course, never get any symptoms due to the mechanical effects of ulcers, such as adhesions, or pyloric stenosis, or subphrenic abscess. You will ask me: Have I any proof of this state of affairs? Yes, I have a good deal. For example, there was a case under Dr. Newton Pitt some time ago, and which he kindly let me publish (*Lancet*,

June 29, 1901). She was thirty-seven years of age, and had been liable for seven years to attacks of gastric pain, vomiting and hæmatemesis. She was admitted into this hospital blanched and collapsed, and she died from hæmatemesis. No sign of an ulcer could be found at the post-mortem, and the stomach was brought down to the Museum and again searched by Dr. Lauriston Shaw, but there was no trace of any ulcer in it. Again, Dr. Frederick Taylor allowed me to publish a case under his care. She had for several years attended Dr. Shaw's Out-patients on and off for gastric pain, vomiting and hæmatemesis. The stomach was opened by operation, but no ulcer or other source of hæmorrhage could be found. There has been an excellent paper on this subject in the *British Medical Journal* of a fortnight ago, by Dr. Bertrand Dawson. And here are some of his cases bearing on the point. A woman, æt. 25, in the London Hospital, under Mr. Mansell Moullin. The illness began when twenty-three years old; the symptoms, pain, vomiting, hæmatemesis, anæmia, no wasting, tenderness. First attack of hæmatemesis, 1900, second attack, 1901, third attack, 1902, fourth attack, 1904. Operation by Mr. Moullin during the fourth attack. Nothing on the outer surface of the stomach; a small erosion on the posterior wall of the stomach when it was opened. This was ligatured. Those small erosions are not uncommon, I may remark, but they are not ulcers; they are superficial erosions of the mucous membrane. Of course, no blood can break through mucous membrane unless it becomes eroded. There were many fresh hæmorrhages after the operation. A second operation was performed for another attack; nevertheless the attacks continued to this date. The next case was that of a woman, æt. 28, who had much the same symptoms. An operation was performed by Mr. Eve, but nothing was found except a congested patch of gastric mucous membrane. A woman, æt. 30, had been suffering from pain and vomiting of blood, on and off, for twelve years. She had profuse hæmorrhage three years ago, and an operation was performed. There was found a small abrasion—not an ulcer—from which blood was oozing. Up to the present time there has been no recurrence of the hæmatemesis, but the pain and vomiting have continued. So you see I have quoted five cases in which hæmatemesis resembling that of gastric ulcer was present, but in which, at either operation or post-mortem examination, no ulcer was found, and others are given in the article in the *Lancet*, from which I have quoted; but one of the most interesting that I know is that of a woman who was admitted into Miriam ward about a month ago, and who for years had had frequent attacks of profuse hæmatemesis. She had had much hæmatemesis before she came in and on arrival was quite blanched. We learnt that for years she had suffered from pain, vomiting and dyspepsia. She was over fifty years of age, and inasmuch as the oldest patient I had seen before who belonged to the group of persons who have symptoms suggesting gastric ulcer as a cause for their hæmatemesis, but in whom no ulcer is found, was only forty, I thought that probably this woman had an ulcer. But, for reasons which I will tell you presently, I decided not to ask a surgeon to see her. After she had been in the hospital a fortnight she died from hæmatemesis. Dr. Beddard made the post-mortem examination and searched the stomach most carefully, but could find no bleeding spot whatever. I also have looked, and all the Clinical Assistants have looked, but we cannot find any ulcer or bleeding spot. I pass the stomach round for you to inspect. She is one of those cases, with symptoms like those of gastric ulcer, in whom blood oozes from the stomach, and she died from her hæmorrhage.

Just to recapitulate. There is a disease, probably confined to women who are usually, but not always, under forty, which closely resembles and is often confused with gastric ulcer. Its symptoms are gastric pain, sometimes not related to food, vomiting, dyspepsia and hæmatemesis. Examination of the stomach shows the absence of ulceration; the blood, certainly in some, and probably in all, cases arises from a hæmorrhagic oozing from the mucous membrane, comparable perhaps to the oozing from the uterus during menstruation. It may be general, or take place from patches of mucous membrane. Such patients may be chlorotic and suffer from amenorrhœa; often there is very little wasting, considering that the illness may have lasted twelve or fifteen years, and there are none of the mechanical effects of ulcer, as adhesions or dilatation. The condition is very rarely fatal.

You will say, What is the object of this? The object is to implore you not to operate upon these people, because all experience has shown that if you do they may die soon after the operation; and obviously if the stomach is oozing blood you cannot stop it by any surgery. And so whenever you think you have got one of these oozing cases which is not gastric ulcer, please do not open the stomach for the hæmor-

rhage. We are only talking to-day about when to operate, but in passing I would suggest that when this oozing is dangerous adrenalin might be given.

Supposing you really believe there is an ulcer which is bleeding considerably, shall you operate then? My advice is, rarely operate for bleeding from the stomach during the attack of bleeding. It is very exceptional for a patient to die from actual hæmatemesis due to gastric ulcer; the great probability is that if you employ the usual medical treatment for severe hæmatemesis it will stop. I have seen patients who have seemed to be at death's door, but the bleeding has ceased and they have recovered from it. You may well say, why not try during the bleeding to save the 2 per cent. or so of cases that die from it? The answer is that the mortality is so low that you may by a severe and prolonged operation increase the risk of a fatal result, and it may be very difficult to stop hæmorrhage from an ulcer, even when the stomach is opened. I have seen two cases in which the bleeding occurred from a dense fibrous ulceration at the back of the stomach. When it was opened we could see the aorta and pancreas, most of the posterior wall of the stomach having ulcerated away. So it comes to this, probably never in your life will you come across a case in which operation should be performed during a severe hæmatemesis, for if the blood is coming from a general oozing you should never operate, and very, very rarely if it is coming from an ulcer. The guide to operation for hæmorrhage from gastric ulcer is not the severity of any one attack, but the frequency of the attacks, and if several attacks have taken place, ask a surgeon to open the abdomen and do a gastro-jejunostomy; they will then usually cease.

But, even apart from hæmorrhage, surgery can do much good for chronic cases. If a patient has gastric ulcer, and has general ill-health from it—or severe indigestion, or constant pain, and perhaps some bleeding—surgery can do a great deal for him. You put the matter before him, telling him the advantages and disadvantages of the operation, and you can hold out to him a fair hope that he will be very much better if the surgeon is allowed to operate. If he is an educated man you can explain that what will probably be done will be to make a short circuit from the stomach into the jejunum, *i.e.*, a gastro-jejunostomy. It is found by experience that in chronic cases of ulcer, with repeated hæmorrhages, anæmia, pain, general ill-health, and dyspepsia, such an operation relieves them very much, because food does not have to pass over the ulcer, but goes straight into the jejunum. I could, if time permitted, quote several cases in which gastro-jejunostomy for gastric ulcer, giving rise to severe but chronic symptoms, has converted a poor, thin, suffering invalid, whose repeatedly severe symptoms have prevented his earning his living, into a healthy man, doing his day's work as well as anyone else, and who is quite free from indigestion. Then, too, after the short circuiting the ulcer heals, and so the patient is not in perpetual danger of perforation. Many less severe cases of gastric ulcer, however, get quite well by medical treatment; therefore you should not invoke surgery till you have tried all other methods of cure.

Tetany is a serious complication of gastric ulcer; it is usually associated with dilatation, and inasmuch as it is often fatal, and gastro-jejunostomy will relieve the dilatation, it is clear that this operation should be done if tetany occurs as a complication of gastric ulcer.

Lastly, we come to the cases of carcinoma. You will very rarely, if ever, meet with patients in whom the growth can be successfully excised, for when the abdomen is opened there are usually many glands infected with secondary nodules to be seen, and they cannot all be taken away. You will remember the case of a man in Addison ward from whom, last spring, Mr. Dunn removed a carcinoma of the pylorus and several glands. The patient gained weight and improved greatly in health, but towards the end of the summer he returned to the hospital with secondary growths elsewhere in his body. Although, therefore, little can be done in the way of removal of the growth, yet the surgeon can often afford great relief, for frequently the growth obstructs the pylorus, and then a gastro-jejunostomy may be of great benefit, but of course such an operation can only be palliative. Many of you saw a man in 13 bed Addison who suffered much from carcinoma of the stomach. Mr. Fagge did a short circuiting operation with very great benefit. The patient gained in weight and strength, but two months after he left the hospital I heard from him that, as we knew would be the case, he was again losing ground. Still, the operation certainly prolonged his life and has saved him from the miseries of pyloric obstruction. It will be your duty in these cases to tell each patient that although the growth cannot be taken away operation may, if successful, prolong life and save suffering; it will then be for the patient to decide, but if he is adverse you can hardly strongly urge him to operation.

I have no time to refer to subphrenic abscess, but it is obvious that this which may follow gastric ulcer should be treated surgically, and acute dilatation of the stomach is so rare that we must leave it out, nor is there time to discuss the possibility of operation for gastroptosis.

## Secondary Deposits in Left Supra-clavicular Glands in cases of Malignant Disease primary in the Abdomen.

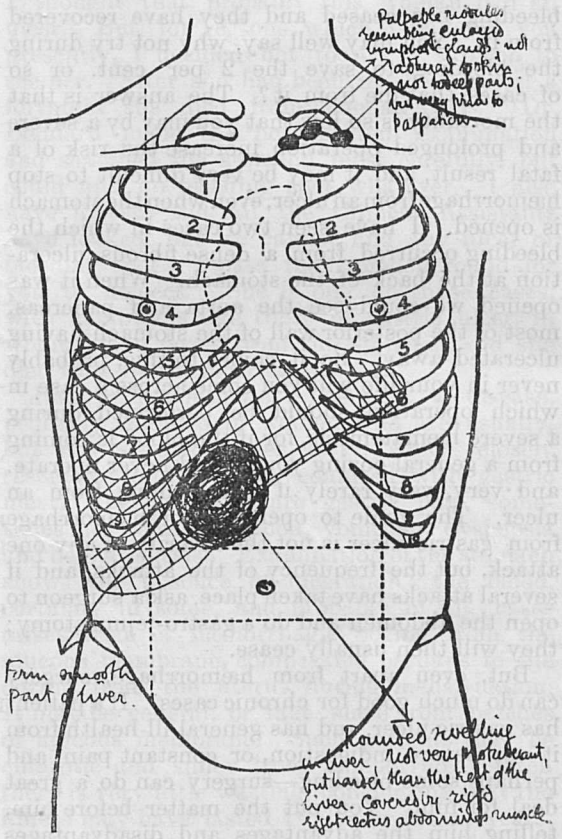
As Dr. Pitt and others have for some years pointed out, the left supra-clavicular glands are affected by secondary deposits of malignant growth in a certain proportion of cases in which the primary affection is in the abdomen. The commonest primary seat in these cases is the stomach, but growth in other abdominal organs, for example, the pancreas or the gall-bladder, may also lead to metastases in the left supra-clavicular glands. The path of infection is not certain, but that it is in some way connected with the thoracic duct seems likely.

There are many cases in which the phenomenon does not occur. This does not render less valuable its diagnostic importance in some instances. The following are two recent examples of the value of examining these glands:—

CASE I.—A man, æt. 50, consulted a doctor for a swelling above the left clavicle. He had noticed it first a month previously. It was about the size of an egg, not painful or inflamed; it moved freely and was solid and elastic. He complained of no symptoms, and no physical signs of disease were discovered. Two months later he seemed to have a typical attack of pneumonia, with signs of consolidated lung at the left base. These signs, however, did not clear up, and he very soon began to complain of pain in the epigastrium, vomiting and constipation. Physical examination now revealed a tumour, which was thought to be connected with the stomach, and later umbilicated nodules could be felt in an enlarged liver. The duration of life was about eight months from the time of appearance of the supra-clavicular swelling.

The case was one of carcinoma of the body of the stomach, and is interesting because the gland above the left clavicle was the first indication of disease, and also because the lung and pleura were involved before there was any evidence that the stomach was the primary seat of disease.

CASE II.—Hannah H., æt. 60, was admitted under Sir Cooper Perry in June, 1905, for pain in the hepatic region. She was a robust woman who had never ailed until nine weeks previously, when she had an acute pain, beginning at the tip of the ninth right costal cartilage and shooting across the epigastrium. There was at one time slight jaundice. The pains recurred, sometimes with retching. Gall-stones were looked for in the stools, but none were found. The diagnosis lay between gall-stones and carcinoma of the gall-bladder, and the patient was sent to the hospital with a view to laparotomy. On admission, the liver was felt two inches below the costal margin, firm and smooth everywhere except at the region of the gall-bladder, where a hard rounded mass, about two inches in circumference, was readily felt (*vide* diagram). The only other feature of the case was the presence of three slightly enlarged, firm, freely movable glands above the inner end of the left clavicle, behind the sternomastoid muscle (*vide* diagram). No similar glands were felt on the right side, and there were no other enlarged glands in the neck.




Sir Cooper Perry asked Mr. Fagge to excise one of the affected supra-clavicular glands. This was done under local anæsthesia. Microscopical sections of the gland showed secondary carcinoma. It was therefore unnecessary to do an exploratory laparotomy; the patient went home, having been spared a severe operation. The advantage of such a means of diagnosis in practice is manifest.

H. F. BELL WALKER.
HERBERT FRENCH.

REFERENCES.—*British Medical Journal*, April 29th, 1905; June 24th, 1905; July 8th, 1905. *Practitioner*, April. 1905.

## Sammy's Reply.

### Ode
### On a distant view of Guy's College.

With apologies to the shade of Thomas Gray.
Author of Ode on a distant prospect of Eton College.

Ye distant spires, yon lofty tower,
That crown the colonnade,
Where grateful sciences adore
Guy's hospitable shade.

From Hampstead heights the expanse below,
Through lofty Wharves and Tower Bridge,
Winds the hoary Thames in flow,
With busy people on its edge.

I see the old familiar square,
And Tooley Street's renown;
I see the College roof so fair,
Bermondsey, Horselydown.

O'er all the spots my eye has ranged,
Old Time has played a trick;
Like Ancient Rome where all was changed,
What's marble now, was brick.

I see the ancient blue check'd bed,
Bronz'd skin and Bright's disease,
Foul cancer hung on life's last thread,
Consumption, Ascites.

No anæsthet, no antisept,
The sufferers bore their pain;
At misery's sight the angels wept,
And Heaven repaid their claim.

A room's now seen with ardent sage,
Chloroformatory,
Intent the serum's strength to gauge
In his Laboratory.

A room of glass, so clean, so bright,
Bacteria have no feeding;
The surgeon's knife so skilled and light
No fear of blood poisoning.

What men are these with health indued
Hope's messengers so fleet,
The H. P. with his double tube
Hastes on with slipper'd feet.

The H. S. hatless follows on
With bag to dress the wounds,
And thus to save both life and limb
They make their daily rounds.

I see another structure there
Raised by the enchanter's wand,
It is the Nurses' Home so fair
For minist'ring angels planned.

To aid the Doctors, help their work,
To tend the patients' call;
With such sweet caps and sweeter looks,
And sympathy with all.

I see a mass of students there,
Steep'd in learning's lore,
Waiting the blessings pure to bear
To every sick man's door.

Pursue the way your masters trod,
May all be good and true;
"Doing good to man, is love to God,"
Thus blessings fall on you.

And now at last the vision fades,
The clouds shut out the view;
I've seen again Guy's holy shade,
Farewell, a fond Adieu.

## THE HOSPITAL APPEAL.

### Eighteenth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 54,049 | 3 | 0 |
| King Edward's Hospital Fund for London | 3,000 | 0 | 0 |
| Higgens, Charles, F.R.C.S. (Collection) ... | 54 | 2 | 0 |
| | 57,103 | 5 | 0 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 13th inst.) ... ... ... | 24 | 5 | 6 |
| Total Amount received towards the principal sum of £100,000 required ... | £57,127 | 10 | 6 |

## Change of Address.

Mr. Frank A. Husbands, L.D.S., from 6, Linthorpe Road, Stamford Hill, N., to 67, London Road, Leicester.

Dr. T. Morland Smith, from Kavah, 62, St. James' Road, W. Croydon, to Newbury House, Charminster Road, Bournemouth.

Dr. W. H. Telling, from 5, Lifton Place, and 32, Park Square, to 29, Park Square, Leeds.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# Dental News.

Notes of a Clinical Lecture by Mr. PARFITT, November 14th, 1905.

## THE MECHANICAL PRINCIPLES OF TOOTH EXTRACTION.

(*Continued from the last issue.*)

*The forceps.*—Forceps have been described as "double levers of the first-class." As a matter of fact, when once the forceps have gripped the tooth, it is much more instructive to compare them to a spanner or screw-hammer tightened on to a nut, or, still better, to look on *forceps and root* as one rigid (but not necessarily straight) bar.

The grip of the operator's hand in keeping the blades firmly applied to the tooth is effective or otherwise according to the amount of mechanical advantage of the instrument in hand. That is according to the ratio between the length of the handle and that of the blades. With long-bladed instruments, especially some of the longer root forceps made for use in the upper jaw, the mechanical advantage is so much reduced that in case of a difficult extraction most of the operator's power is used up in the effort to keep the blades on the root, and there is little left for the actual extraction. In these cases it is often advisable to sacrifice convenience in length and curve of blade for power.

It is evident that any movement of the handle is transmitted without change to the root. Hence in all cases in which they can be properly applied, straight upper forceps are simplest and also most powerful in their action.

Now imagine the root gripped by the blades of a pair of forceps, which are set at an angle of 30° to the handles, such, for instance, as some of the "Reed's upper roots."

If a simple motion of rotation of the root is required, this is *not* obtained by a correspondingly simple rotation of the forceps handle, but only by sweeping them round the surface of a cone, whose apex is the forceps joint, and any attempt to rotate the handles on their long axis results in the sweeping of the blades round a similar but smaller cone.

The simple dislocation, inwards or outwards, of a root is more easily accomplished with this type of instrument than rotation, it being only necessary to remember that the lateral movement of the hand should not be in a plane passing through the root, a proceeding which will cause an undesirable rotation of the blades, but in a plane parallel to that in which the two blades lie.

In the case of "lower Hawk's bill forceps," although the motion of the handle is quite different to that of the blades, the action has again become simple.

A rotation of the root is obtained by sweeping the handles in a horizontal plane round the axis of the blades which remain stationary. A simple external or internal dislocation is produced by a downward or upward movement of the handles, a movement that has conveniently been compared to that of a pump handle.

# ONE MILLION SHILLING FUND

IN AID OF THE

## HOSPITAL APPEAL, 1905.

### Eighteenth List of Collections.

(Received up to Wednesday, December 13th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections.

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 68,441½ |
| Alice, Sister (282½s.)—Miss Lucy Mallandaine ... | 5 |
| Ashford, Miss M. (68s.)—Mrs. Stuart Elmslie, 5; Collection, 57½ ... ... ... ... ... | 62½ |
| Buckton, Miss F. (40s.) ... ... ... ... | 10 |
| Carlyll, H. B. (76s.)—S. C., 1; R. G. B., 1; S. J., 1; W. T. R., 1; Dr. R., 1; Mrs. Watson, 10; Anon., 21 ... ... ... ... ... ... | 36 |
| Charity, Sister (5s.)—Some Friends at Hastings... | 5 |
| Eames, Miss R. C. (6s.)—Mrs. W. Barwell ... | 1 |
| Higgens, Mrs. Hugh.—Mrs. De Lisle, 3; Mrs. Goldsmith, 3; A Friend, 4 ... ... ... | 10 |
| Kate, Sister (237s.)—A. E. Desmond, 10; Miss A. L. Barrett, 10 ... ... ... ... ... | 20 |
| Lindsay, Dr. W. J. (20s.)—Mrs. Wells ... ... | 3 |
| Mason, J. W.—Collection ... ... ... ... | 118 |
| McMillan, Mrs.—Mrs. Downes, 1; Mrs. Fisher, 2; Mrs. Dear, 2; Mr. Faulkner, 1; Dr. Carter, 10; Anon., 2; Miss Jones, 1; Mrs. Castle, 2½; Miss Bland, 1; E. W. McMillan, 105½... ... ... | 128 |
| Naaman, Sister (17s.)—Collected by E. Graysmark | 50 |
| Newton, Miss—M. A. R. E. ... ... ... ... | 6 |
| Parish, Miss—Anon. ... ... ... ... ... | 5 |
| Purdom, W. P. (25s.)—R. Elliott ... ... ... | 12 |
| West, Nurse ... ... ... ... ... ... | 2 |
| | 68,915 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 7 |
| TOTAL (up to 13th inst.) | 68,922 |

# Guy's Physiological Society.

AT a meeting held on Monday, 11th inst., an interesting paper was read by Mr. S. J. Darke on "Nitrogenous Economy of Nutrition," an interesting discussion following. Dr. M. S. Pembrey was in the chair, and about twenty-three members were present.

R. A. RANKINE, Hon. Sec. & Treas.

# Tabard Street and its Associations.

This is a new name given to a very old street. Before 1877 Guy's externs, and everyone else, called it Kent Street; but at that date, a desire being evinced to wipe out as far as possible the old associations, the Metropolitan Board of Works acceded to the petition of the inhabitants, and changed the name from Kent Street to Tabard Street. It was formerly the principal entrance to the Metropolis from Kent and the Continent; and, as such, was part of the highway to Canterbury for the pilgrimages thither. Great Dover Street, along which so much of the through traffic is now diverted, is a modern road, dating from the early part of the last century.

Tabard Street leads from the S.E. of St. George's Church to the Old Kent Road, and is a boundary between Southwark and Newington. The Old Kent Road, being a continuation of Kent Street, was known as Kent Street Road until the end of the 18th Century.

In Strype, 1720, we read "Kent Street, so called as being seated in the road out of Kent into Southwarke, a street very long, but ill built, chiefly inhabited by Broom Men and Mumpers (*Beggars*). But here are divers large yards, wherein are vast stocks of Birch, Heath, and some only of Broom Staves, which the Broom Men dispose of to those that make the Brooms."

Evelyn, in his *Diary*, alludes to Kent Street:—"September 7, 1665. I went all along the city and suburbs from Kent Street to St. James's, a dismal passage, and dangerous to see so many coffines exposed in the streetes, now thin of people; the shops shut up, and all in mournful silence, as not knowing whose turn may be next." Pepys also brings before us a picture of the misery during the same plague period:—"November 14, 1665. Captain Cocke and I in his coach through Kent Streete, a sad place through the plague, people sitting sick and with plaisters about them in the street begging."

In 1640 a presentment was made of a ditch, or open sewer, along the street, which drained certain houses of the locality; it was ordered that the ditches into which they all drained were to be cast (*cleaned out*) and maintained, and each occupier was to pay his share of the expense. Smollett, in his *Travels*, 1766, says, "It would be for the honour of the kingdom to improve the avenue to London, by way of Kent Street, which is a most disgraceful entrance to such an opulent city. A foreigner, in passing through this beggarly and ruinous suburb, conceives such an idea of misery and meanness, as all the wealth and magnificence of London and Westminster are afterwards unable to destroy. A friend of mine, who brought a Parisian from Dover in his own post-chaise, contrived to enter Southwark after it was dark, that his friend might not perceive the nakedness of this quarter."

At the eastern end of Kent Street was a bar—Southwark or St. George's Bar. In the reign of Edward III., the Earl of Warren and Surrey had a third of the tolls. In the same reign is a record of a person, named Barford, dying possessed of 10 cottages at "Southwark Bar." At the time of the Duke of Buckingham's death (1460) he owned an inn and 7 cottages near "St. George's Bar." Externs may remember that in this locality, by the Bull Inn, are some houses bearing the name of Buckenham Square; this covers part of a piece of land formerly known as "The Toll Acre." Riley states that this Bar is noted so early as 1322-1363; and in his *Memorials of London* translates a Record (Latin) of 11 Richard II., A.D. 1387, concerning a Quit-Rent for a garden, "situate in the parish of St. George, without the Bar of Suthwerk, near to the King's highway there called "Kenstrete." At this spot was a bridge, known as Loke Bridge—later on Lock Bridge—crossing a stream, which flowed along what is now Warner Street from Newington towards Bermondsey and the Thames. An area of land, through which it came, at the back of the New Kent Road, bounded by East Street and Rodney Road, Walworth, until a few years ago was called "Lock's Fields"; many of the houses thereon were occupied by bird fanciers. On Rocque's map of London, 1746, this stream is marked as forming a pool between the Bull Inn and the end of Kent Street; after passing under that road it bends to the East, and, just beyond the first milestone on the highway to Kent (which is still in position), turns off to Bermondsey along the line of the modern Tower Bridge Road. The stream is now enclosed in a brick sewer built up to the old stone bridge, which was considered to be 15th century work, 20 feet wide, the span of arch being 9 feet. This relic is still retained, but necessarily buried in levelling the roadway. The bridge and watercourse apparently took their name from the Loke Hospital, Le Loke, a lazar house situate near to the east end of Kent Street on its Newington side, being therefore just outside Southwark. The buildings of the Lock Hospital are marked on Rocque's map, 1746, and were removed to make way for the new road, now called Great Dover Street, at the early part of last century. It was dedicated to The Blessed Mary and to St. Leonard—the patron saint of captives. Stow mentions it:—"Then in Kent Street is a lazar house for leprous people, called the Loke in Southwarke." Skeat gives M. E. Loke, a fastening. A lazar house, or lazaretto, being a house for poor persons affected with contagious diseases; so called from the beggar Lazarus. Bardsley, in *English Surnames*, states that we have the Jewish Lazarus, and that this name has arisen, in not a few instances, from the fact that its first possessor was a leper. Skeat gives that surname as a contraction from the Hebrew name Eleazar=he whom God helps. Lazar=leper. Most probably in early times many different forms of loathsome disease externally manifested were known as leprosy. Riley, in *Memorials of London*, states that, in 1346, a royal decree was issued that all who have blemish are to quit London and the suburbs; and any person

harbouring a leper after this notice was to forfeit house and buildings. Gower, who is buried in the church of St. Mary Overy, bequeathed ten shillings to the houses of the lepers in the suburbs, "so that they may pray for me."

At this end of Kent Street, and opposite the Bull Inn, is a street until recently called Great Hunter Street, which up to a few years ago led to a barrier, having a wicket gate, placed at the bend of the road about midway between Kent Street and Long Lane at the boundary of Southwark and Bermondsey, at which a toll of a halfpenny had to be paid by every person passing through. This was called The Halfpenny Hatch; it has since been removed, and the whole roadway thrown open under the name of Weston Street. About this locality are situated Etham Place, Baalzephon Street, Elim Street, and Rephidim Street; showing a special regard, on the part of some person of a past day, for the Itinerary of the Israelites towards the land of Canaan, as given in the Book of Exodus.

The name of Kent Street having been changed to Tabard Street has helped to stir up thoughts of that old and celebrated Southwark Inn, so associated in our minds with Chaucer and *The Canterbury Tales*.

The Tabard stood in the Borough High Street (now so called) very near to the site of the present public-house of that name; and was "so called," says Stow, "of the sign which, as we now term it, is of a jacket or sleeveless coat, whole before, open on both sides, with a square collar, winged at the shoulders. A stately garment of old time, commonly worn by noblemen and others both at home and abroad, in the wars; but then to wit, in the wars their arms embroidered, or otherwise depicted, upon them, that every man by his coat of arms might be known from others. But now these Tabards are only worn by the heralds, and are called their coats of arms in service." The Inn was the property of the Abbot of Hyde, near Winchester, who had his town-house here. At the Dissolution the possessions of the Abbey were surrendered, and are thus noted:—"One hostelry, called the Taberd, the Abbot's place, the Abbot's stable, the garden belonging, a dung-place leading to the ditch going to the Thames." The Abbot then received the Bishopric of Salisbury, which he held till 1557. Hyde Abbey was situated some distance to the north of Winchester Cathedral, outside the old North gate of the city, where it was erected in the reign of Henry I. by the monks of the "New Minster" (which had been founded by King Alfred the Great on land close to the Cathedral), as they were compelled from lack of space to remove to more open ground. The buildings were occupied in 1110, when the monks brought with them the body of King Alfred, which is supposed still to lie there, though all traces of the tomb have now vanished; for, at the time of the Dissolution, pillage and destruction overtook the Abbey, which had been very wealthy till then, so it was unlikely that its riches would escape. The Abbot was mitred in 1390. At the surrender the silver was calculated to be worth 2,000 marks. The Royal Commissioners wrote to Thomas Cromwell that they intended "to sweep away all the rotten bones that be called relics, which we may not omit, lest it should be thought that we care more for the treasure than for avoiding the abominations of idolatry." In 1788, a bridewell was built partly out of the materials forming the remains of the monastic buildings. At the present time a movement is on foot to excavate the site, under skilled supervision, when it is hoped that the foundations may be found sufficiently intact to enable a ground plan of the buildings to be constructed; also objects of interest may be discovered during the search.

Disputes sometimes arose between the Abbots of Hyde and the Bishops of Winchester, who had their town residence adjoining the Augustinian Priory of Saint Mary Overy. One such is recorded as having taken place with Cardinal Beaufort, who became Bishop of Winchester in 1404 in succession to the famous William of Wykeham. Beaufort was made Cardinal in 1426, and died in 1447. In that Church, which became, by an Act of 1540, St. Saviour's, and is now Southwark Cathedral, his rebuilding of the South Transept is commemorated architecturally, on a pier near to the Transept Door, by a sculptured and coloured representation of his arms—the fleur-de-lis of France quartered with the lions of England—surmounted by a Cardinal's hat, with its tasselled strings hanging down on either side.

The Tabard of Chaucer was destroyed in one of Southwark's great fires—1676. It was rebuilt, and the landlord changed the sign to the Talbot, apparently not having conservative notions. Later on, a subsequent landlord, trying to utilize past associations, placed the following inscription on the beams which hung across the road, and from the centre of which the sign was suspended:—"This is the inne where Sir Jeffry Chaucer and the nine and twenty pilgrims lay in their journey to Canterbury, Anno 1383." In 1763, when the signs of London were taken down, this inscription was set up over the gateway. The inn gradually fell into a state of dilapidation, until, in 1873, it was sold by auction, and, two or three years afterwards, pulled down—a new inn, *The Old Tabard*, being subsequently built; the site of the old one is marked by *Talbot Inn Yard*.

During the first half of the nineteenth century Kent Street presented a scene of squalor and destitution unequalled even in St. Giles's; and during the last few generations South Londoners, when wishing to describe the use of some foul and abusive language, would say, "It was real Kent Street;" just as Londoners in general would apply the term "Billingsgate" to similar profanity of speech. In Grose's *Classical Dictionary of the Vulgar Tongue*, 1788, we note:—"Kent Street ejectment. To take away the street door. A method practised by the landlords in Kent Street, Southwark, when their tenants are above a fortnight's rent in arrear." Charles Dickens, in *The Uncommercial Traveller, No. XIII., Night Walks*, refers to this street—"We lost a great deal of companionship when the late public-houses turned their lamps out, and when the potmen thrust the last brawling drunkards into the street.

Except in the Haymarket, which is the worst-kept part of London, and about Kent Street in the Borough . . . the peace was seldom violently broken." About 55 years ago an elderly local G.P., whilst returning from visiting a patient at night in this street, was robbed of his watch —the thief escaping. After giving public notice of his loss, the medical man was agreeably surprised by having the watch returned to him, with an anonymous letter apologizing for it having been taken, stating that the owner had not been recognized as the Doctor, or he would not have been deprived of it. Up to that time, and even more recently, the street had a very bad reputation. Robberies from the person were frequently committed, even in daylight. People were robbed not only when in Kent Street, but also walking along the eastern end of Great Dover Street, when the thieves would often escape down Black Horse Court into Kent Street, and soon be lost to sight. This court is a short passage from Kent Street to Great Dover Street, into which it opens nearly opposite a public-house bearing the name "The Virginia Plant." Possibly some old inn of that name stood originally near here, for, in the 17th and 18th centuries, "The Virginian" was a common sign in England, owing to the first tobacco having been imported from that Country. Thus :—"They returned homewards, passing by Virginia, a colony which Sir Walter Raleigh had there planted, from whence Drake brings home with him Walter Lane, who was the first that brought tobacco into England, which the Indians take against crudities of the stomach." *Sir Richard Baker's Chronicles, 1588.* Kent Street has always been noted for its turners' and brush-makers' shops, and broom and heath yards. It had a special reputation for the manufacture of an implement of scholastic life—that badge of headmasters; that tickler and persuader of youth, which was so much in vogue before Dr. Arnold introduced moral suasion as a systematic means to influence boys for good. He informed his pupils that he relied upon their honour, and trusted them until he found them unworthy of such confidence. But in old days the birch must have been in great demand in Kent Street. What a good customer must have been Dr. Busby—the thrashing headmaster of Westminster School from 1638 to 1695—before whose monument at the north end of the South Transept of Westminster Abbey, Sir Roger de Coverley stood and exclaimed, "Dr. Busby, a great man, whipped my grandfather—a very great man! I should have gone to him myself if I had not been a blockhead. A very great man!" *Spectator, No. 139.* "The broom trade had for centuries its headquarters in Kent Street, and up to 50 or 60 years ago was a flourishing business. The birch used was obtained from all parts round London, but chiefly from Kent, and was piled into large stacks in the yard at the felling season, it being necessary to keep it for 12 months before it could be used. When a season's birch stack was completely built, a flag was stuck in the top, and the men had a jollification; and when the bottom of an old stack was reached they all stood round with broom-staves to kill the rats which issued forth in great numbers. The woody ends of the birch sprays were sold in bundles to the clay-pipe makers and bakers for heating ovens, and were called *bavins*." (Mrs. Boger.) This use of the flag reminds us of a similar practice in London with the bricklayers when they have built the topmost part of a house, usually a chimney-stack. Some of the brooms, too, were made from heather. Hoop-bending used also to be carried on in Kent Street. Tobacco clay-pipe making was one of the industries. According to Mr. Syer Cuming there was, at the early part of the last century, a firm, J. Williams by name, famous for coiling, knotting, and curiously contorting the stems, tying them in open knots, or plaiting them in a graceful manner. In Mr. Cuming's collection was one with a Turk's-head bowl, having the stem tied in a double knot, and bearing the maker's name Williams, Kent Street, London, which was bought about the year 1825.

At the present time many of the old houses in this street have the fronts on the ground floor still glazed: evidently originally shops, though now used as living rooms; but, such great changes having taken place in the way of rebuilding and modernizing, the Guy's externs of to-day can form only a feeble conception of the condition of the neighbourhood in which former generations of Guy's men first gained their practical experience of midwifery. "Yet, what long lines of conquest and devotion, of turmoil and rebellion, of victory, gorgeous pageantry, and grim death, have poured through this narrow inlet of old London!" (John Timbs.) The Roman invaders' presence there is indicated by various finds of their coins and other antiquities having been made during excavations; thousands of devoted and weary pilgrims have passed along this street on their way to and from Canterbury; the Black Prince and his army, flushed with victory, accompanied by their royal captive from Poitiers, entered London by this way. Jack Cade, with 20,000 insurgents, came from Blackheath into Southwark by this route; and many of those connected with Sir Thomas Wyat's rebellion advanced from Kent upon London along this road, as we are told by Stow in his *Annals.* Prisoners, too, condemned to death, sometimes for offences that at the present day we should consider comparatively trifling, were conveyed along here to be executed at Thomas à Watering, on the eastern confine of Southwark, until the gallows ceased to be erected on that spot at about the middle of the 18th century.

## Papers by Guy's Men.

The Pathology of Dropsy (concluded). By F. A. Bainbridge, M.D., M.R.C.P.—*The Practitioner* for December, 1905.

A Case of Prolonged Hiccough on two occasions after the administration of Chloroform. By Joseph Hollins Donnell, M.B., B.C. Cantab.—*The Lancet*, December 2nd, 1905.

## Guy's Hospital Choral Society.

On the evening of Tuesday, December 12th, the Choral Society gave a very charming concert in the Court Room. Hearty congratulations are due to Mr. Henry Taylor, the conductor, on the training of his Choir. Although there were a few members who seldom watched the bâton, the majority fulfilled this requirement, with the result that many of the glees were sung with good expression and plenty of light and shade.

The full Choir performed, in all, eleven pieces (glees, part songs, etc.), and there was one part song for male voices. After hearing these twelve pieces one realised how much the success of such a concert must depend on the ability and care of the conductor, to whom the selection is left.

The Choir opened the performance with a rousing madrigal, "The Roundelay" (Barnby), which was followed by a part song, "The Silver Streamlet" (Barnby), sung smoothly and agreeably. Then followed two songs, (*a*) "The Letter," (*b*) "Sun comes, Moon comes," charmingly rendered by Nurse St. John. This singer is the fortunate possessor of a powerful, well-trained voice of large compass; her high notes are especially pleasing; she sings with ease and confidence. Mr. Talfourd Jones played a pianoforte solo, "Prelude" (Rachmanioff), which was followed by a part song for male voices, "Gentle Sounds" (Muller); in this the attack was not quite perfect. Sister Mary favoured the audience with two songs, (*a*) "I know a Lovely Garden" (D'Hardelot), (*b*) "If thou art sleeping" (Johnson). The next part song was sung with much life and spirit, and the words were distinctly pronounced, but in "Moonlight" the balance of parts was not quite even; the tenors were often too loud, so that the conductor's warning "hush" was heard more than once. Mr. A. Alcock, in a mellow voice, sang tastefully "Love's Coronation" (Aylward), with a 'cello obligato by Sister Surgery.

Mr. Barker sang "When we are parted" (Blumenthal), and the Choir completed the first part of the programme with "Stars of the Summer Night" (Elgar), after which they one and all filed from the room. The audience watched them go with envy, because, although the smell of coffee had been wafting into the room for several minutes, the word had quickly gone round that only performers would receive refreshment.

In Part II., the Choir continued its previous success, and the singing throughout was very good; the only criticism that could be made was, that the attack at the beginning of many verses was timid. The Choir was at its best in songs that required life and spirit, and the part song "The maiden of the Fleur de Lys" (Sydenham), was very well rendered indeed. The second item was truly excellent. This was a French song, "Sonnet Darvers" (Thomas), by Nurse St. John. It suited her voice admirably, and she sang it with taste. The audience applauded heartily, and obviously wished to be favoured with another song, but time would not permit of any encores. Three tenors, Messrs. Greene, Bridger and Lobb, sang a round, "When the wind blows" (Bishop), and the Rev. Edwards sang "When I recline."

The next item was very well received; Nurse Woodward's violin solos are always popular, and on this occasion she pleased the audience with (*a*) "Salut d'Amour" (Elgar), (*b*) "Obertass" (Wienawski). Mr. Greene sang "My Dreams" (Tosti), and Sister Mary sang a delightful ballad, "A youth once loved a maiden" (M. V. White). The only humorous item was a vocal quartette "There was an old woman" (Jarvis). This was amusingly rendered by Nurse Vine, Nurse Baker, Mr. Lobb and Rev. Edwards. The accompanists, Nurse Taylor, Mr. Talfourd-Jones and Mr. Taylor, fulfilled their duties to the satisfaction of all present.

## Pupils' Physical Society.

The Pupils' Physical Society held a pathological meeting in the Wills Library on December 2nd, at which Mr. Milsom presided. Thirty-five members were present, and the specimens were of much interest.

Mr. Ticehurst brought two specimens, a malignant duct papilloma of the breast and a tuberculous testicle. Mr. Henderson showed a specimen of spontaneous rupture of the heart. The patient was a man suffering from diabetes and eczema. It was suggested that the condition was due to septic embolus or rupture of a coronary artery.

Mr. Mollison had an old malunited fracture of the clavicle, which was the subject of much debating. Mr. Cameron could not enter into the discussion because he had difficulties in forming an opinion as to which side the bone belonged.

Mr. Glanville showed two specimens of ectopic tubal gestation. One was a mole which had formed close to the uterine end of the tube, and had given the signs and symptoms of ruptured tubal gestation. The other specimen was of extreme interest. The embryo was living at the time of operation, and was placed in the ampullary portion of the tube. The fimbriated end of the tube was widely open, and the act of abortion out of the end of the tube was in progress. The day after the operation the decidua was expelled from the uterine cavity.

One of the secretaries showed an adeno-carcinoma of the uterine body, with small secondary deposits in both ovaries. There was no ascites. Mr. Ockwell brought a specimen of multiple fibro-myomata of the uterus with much dilatation of the uterine cavity. Mr. Milsom showed many gall-stones, and suggested that opsonism should be applied to all cases to prevent recurrence. A very extraordinary specimen of a huge growth of the right lung was shown by Mr. Rippman. The specimen came from a woman who died soon after admission under Sir Cooper Perry. The case was diagnosed during life; and is thought to be primary sarcoma of the lung.

The specimens were of very great interest, but there were too many for one evening, and the discussion had to be cut short.

# Correspondence.

*To the Editor of* Guy's Hospital Gazette.

## "Scotland for Ever."

Dear Sir,—It came to my knowledge, last night, that one of *οἱ βαρβαροι*—an Englishman—was holding forth, ex cathedra, on the subordinate position of the various "provinces" of his mighty and dearly-beloved *patria*. Three characteristics, in proof, he assigned them:—(1) They had no coats of many colours to distinguish and clothe them. (2) They did not speak a language *οἱ βαρβαροι* could not understand. (3) They gave not to themselves laws.

As a Scot, in answer to the first, let me quote the saying of our Indian enemies:—"Has England, then, sent her women to fight us?" Let me add that, by heredity, even now the Englishman quakes at the sound of the pibroch!

To the second,—can the speaker give off-hand the physiological meaning of, "Come, cantie callant, an' prie ma mou'"?

To the third,—let me call his attention to a certain incident that occurred a few months agone, where the Lord Chancellor of England, with all the "conqueror's" might at his back, sent a warrant for the arrest of an English ward in Chancery domiciled for the time being in Edinburgh, and was met with the polite answer, "That paper, sir, has no force here."

Conquered! Sir, he summed us up as conquered! Why, sir? Does not history tell of peace and alliance granted to the humble Southron petitioner? Does not even recent history tell of Scottish control of the Southron's affairs, both in Church and State?

Or if you will, what sound, in time of stress and storm, ever fell pleasanter on English ears than the strain of "The Campbells are coming?"

His name, sir, you would have? 'Tis "Ingratitude," mine

INVICTUS.

## The College Dining Hall.

Dear Sir,—Your remarks in a recent number of the Gazette with regard to the cooking in the dining-hall, seem to have had some effect, and I am therefore taking this opportunity of calling your attention to another item of the catering, which is badly in want of reform. I refer to the liquid which is served to us at the price of twopence per cup, and which is by courtesy called coffee—at least it is given to us when we ask for coffee. It should surely be a very simple matter to supply good coffee, but it is a thing which seems to be quite beyond the College chef or whoever the person responsible may be.

Coffee appears to be a very favourite beverage with us, and that is the reason why so many men go out of the hospital for lunch every day—because at Lyons' and other similar places, they can get a really good cup of coffee, and because they cannot obtain it in the club. Others take their lunch in the dining-hall, and simply go without their coffee.

Apart from our own inconvenience, this seems to be a very short-sighted policy on the part of the caterer, for he is simply turning away money and putting it in the pockets of the restaurant proprietors outside.

And why should this be? If Lyons can supply a really good cup of coffee for twopence, why cannot we do the same? Lyons do not pose as philanthropists, but they know that it is no use supplying undesirable stuff, for their business would suffer thereby. What a pity we have not a little more of their business-like ideas in the College!

Perhaps Messrs. Lyons would undertake, too, to give our cook a few lessons in coffee-making. It is really so simple, and he could learn in half an hour. A little trouble and care is necessary, however, which is, of course, a drawback.

I had a friend lunching with me in the dining-hall recently, and ordered him a cup of coffee after the meal at his request. I was ashamed to do so, but did it without any apology. I observed that he scarcely touched the fluid supplied. Guy's coffee is evidently an acquired taste. Some men never acquire it.

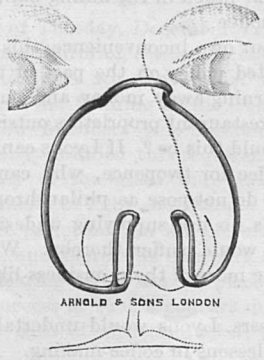
We are a long-suffering lot in the College, and every day someone is heard grumbling and complaining about the wicked decoction we are asked to take on trust as coffee, but instead of grumbling why should we not try and remedy the state of affairs? It is so little to ask, after all.—Yours, etc.,

"DISSATISFIED."

## A New Nasal Dilator.

Dear Sir,—I have used for some time a self-retaining nasal dilator in certain conditions where there has been more or less complete blocking of the anterior nares, and consequent interference with the proper channels of respiration. Thus, in cases of mouth breathing in adults; due to permanent narrowing of the anterior nares, or simply to a stuffy cold, in which there are feelings of dryness of the mouth, and languor on awakening caused by imperfect respiration during sleep, I have had good results with this little instrument, and also in certain adynamic conditions, such as in typhoid, peritonitis, etc., in which slight congestion of the mucous membrane of the anterior turbinates, so commonly observed, seems to readily induce mouth breathing. In such, the value of keeping open the proper channels of respiration is well shown, in suitable cases, by the prevention of sordes. In children the cartilages of the nose tend to fall in anteriorly, if there be any continued interference with proper respiration, and a permanent condition may thereby be easily induced. This dilator seems to be useful in such cases, worn during sleep, by breaking into the vicious circle induced by mouth breathing, and giving the parts concerned an opportunity to regain their normal

shape. It is usually self-retaining, any slipping at the beginning of its use is easily avoided by fixation with a




small strip of indiarubber plaster, which may be dispensed with after a short period. Any uncomfortable pressure towards the juncture of the bony and cartilaginous portions of the nose is avoided by the construction of the ends, which have an inward curve.

I wish to thank Mr. Hunter Tod for his very kind advice regarding some practical points.

The instrument is made in three sizes and several strengths by Messrs. Arnold, of Smithfield, price 2s.

F. H. BURTON-BROWN, M.D. Oxon.

19, Argyll Road,
Kensington, W.,
Nov. 25th, 1905.

## Guy's Hospital Debating Society.

A Meeting of the above Society was held in the College Smoking Room on December 9th, thirty-two members and several visitors being present. Mr. Ormond, one of the Vice-Presidents, was in the chair.

Mr. E. P. Minett, seconded by Mr. H. A. Sandford, proposed that: "The recent victory of Japan over Russia is a menace to Western Civilization." In the absence of Mr. H. J. Henderson, Mr. T. Turner O'Callaghan led the opposition; he was seconded by Mr. E. L. Martyn Lobb. The discussion was then carried on by Messrs. D. Reynolds, A. Neville Cox, N. I. Spriggs, M. de L. Robinson, C. M. Ockwell, J. C. Brookhouse and G. F. Stebbing.

On being put to the House the motion was lost by a majority of one, 12 voting for the motion and 13 against.

A vote of thanks to Mr. Ormond for taking the chair ended the meeting.

The Editors have received a box of Messrs. Cadbury's manufactures—Chocolates and Cocoa, and can testify from personal experience that they fully maintain the high standard of excellence for which that firm is renowned. Daintily packed, and very well made, their goods are always most acceptable as Christmas presents.

## Appointments.

### Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

*Clinical Assistants.*—Messrs. G. Hamilton, E. M. Harrison, H. S. Knight, E. C. Lowe, A. V. Maybury, E. Bellingham Smith.

*Dressers in the Throat Department.*—Messrs. H. J. Clarke, G. Cockcroft, R. Davies-Colley, C. M. Ockwell, W. P. Purdom, W. H. Trethowan.

*Medical Ward Clerks.*—Messrs. J. B. Ball, K. H. Digby, M. J. Rattray, L. L. C. Reynolds, S. H. C. Air, W. W. Cook, L. Croft, J. B. Martin, E. P. Minett, M. D. Price, C. D. Roberts, B. H. Palmer, M. R. Dobson, C. H. Mills, E. Abdy Collins, L. T. Dean, F. W. Hogarth, H. C. Lucey, P. V. G. Pedrick, D. Reynolds, R. C. V. Edsall, T. Evans, H. Stott, J. F. Young, M. E. Ball, L. T. Baker, H. Chapple, R. G. Chase, C. G. Douglas, L. K. Edmeades, A. W. Ewing, R. P. M. Roberts.

*Assistant Surgeons' Dressers.*—Messrs. A. F. W. Denning, H. E. Perkins (Mr. Dunn); W. G. Pinching, M. K. Nelson (Sir Alfred Fripp); J. H. Ryffel, F. H. Fuller (Mr. Steward); C. E. Price. A. V. H. St. John (Mr. Fagge).

*Surgical Ward Clerks.*—Messrs. F. J. Cutler, L. Mandel, G. F. Syms, E. L. M. Lobb, E. P. L. Hughes, E. R. Stone.

*Post-mortem Clerks.*—Messrs. A. N. Leeming, M. D. Price, C. E. M. Jones, C. G. Douglas, A. Zorab (January 1st); S. K. Poole (February 16th).

*Aural Surgeon's Dresser.*—Messrs. C. M. Ockwell, L. J. J. Orpen.

*Obstetric Dressers.*—Messrs. G. W. Goodhart, J. G. Phillips, J. L. Rankine, T. B. Layton, G. F. E. Allison, E. Alban (January-February).

### Dental Appointments.

The following appointments have been made by the Treasurer on the recommendation of the Dental Council:—

(Commencing January 1st, 1906.)

*Dental House Surgeons.*—Messrs. J. A. Bowes, J. McBride.

*Assistant Dental House Surgeons.*—Messrs. F. M. Holborn, H. E. Marsh.

*Demonstrators in the Conservation Room.*—Messrs. J. R. D. Ditch, C. G. G. Lewis, I. Margolies.

*Assistant Demonstrators of Dental Mechanics.*—Messrs. C. C. Freer, B. L. Weaver.

*Assistant Demonstrators of Dental Metallurgy.*—Messrs. H. L. Power, N. V. H. Riches.

### Civil.

Dr. G. S. Graham-Smith has been appointed a member of the State Medicine Syndicate, Cambridge University.

Black, Kenneth, F.R.C.S. Eng., has been appointed Resident Medical Officer at the General Hospital, Nottingham.

Dismorr, C. J. S., L.R.C.P., M.R.C.S. Eng., has been appointed Junior Resident Medical Officer at the Nottingham Infirmary.

Pollard, George S., L.R.C.P. Edin., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Midsomer Norton District by the Clutton (Somerset) Board of Guardians.

Telling, W. H. Maxwell, M.D, B.S., M.R.C.P. Lond., has been appointed Honorary Consulting Physician to the Leeds Homes of the Church of England Society for Providing Homes for Waifs and Strays.

### Naval.

Staff-Surgeon H. B. Marriott, R.N., has been appointed to the *Kent*.

Surgeon A. W. Iredell, R.N., has been appointed to the *King Alfred*.

# Sport.

## Rugby Football.

GUY'S v. UNITED SERVICES.

Played at Portsmouth on Saturday, December 2nd. Guy's travelled down by the 12.15 p.m. train from Waterloo, and arrived just in time to walk to the ground and change. After the reverses of the three previous weeks, the team was determined to give a better account of itself, and, as a result, the game started at a great pace. Guy's soon attacked, and the forwards heeling well, gave the backs plenty of chances, which, but for the stubborn defence of the United Services' backs, would certainly have ended in a lot of scoring. At length, after repeated attacks, Harrison picked up nicely, and, drawing the back, sent Morgan in with a nice try far out on the left. The kick at goal failed. From the drop-out, midfield play followed for a short time, but by strong forward rushes Guy's again returned to the attack. The forwards were still heeling splendidly, and several times our halves opened up attacks on the blind side of the scrum, which were several times all but successful. W. Morgan was nearly through, but dropped the ball on to his foot, and E. Morgan, gathering smartly, scored between the posts; Saunders converted. The United Services now played up strongly, and from a scrum near Guy's twenty-five, started a fine passing movement, which resulted in a try by Jolly. This was converted, and half-time was called with Guy's leading by 8 points to 5.

On re-starting, midfield play followed for a short time, but once more Guy's returned to the attack, and a splendid forward rush by Pinching, Alcock, Williams and Saunders, ended in a try by Saunders, which he failed to convert. Up to this point we had been playing with eight forwards and four three-quarters, as opposed to the United Services' seven forwards and five three-quarters, but now that our opponents were playing a more open game, Hind was taken out of the scrum, and the New Zealand formation adopted. Each side attacked in turn, and once Stringer looked a certain scorer, but was shoved into touch. However, from a fine bit of work by our three-quarters, Digby made a good opening, and Stringer scored our fourth try, which Harrison failed to convert. Play for the remaining five minutes was very fast, but there was no further scoring, and so, after an excellent game, Guy's were returned victors by 14 points to 5.

Remarks.—Gibson played the best game he has played this year, and did some excellent touch kicking. Digby, too, played very well, both in attack and defence, but Stringer, who was seedy, was poor. The halves were splendid, and fully understand one another, and the forwards showed a real return to form. Team:—

Guy's.—Gibson (back); E. Morgan, E. M. Harrison, Digby and Stringer (three-quarter backs); Jones and W. Morgan (half-backs); S. McK. Saunders, Williams, Pinching, Mullins, A. Alcock, Robinson, Milton and Hind (forwards).

GUY'S v. NORTHAMPTON.

Played at Northampton on Saturday, December 9th. Owing to three three-quarters, a half, and a forward scratching for this game, we were forced to take a weak side to Northampton. Losing the toss we kicked off against the wind and decided to keep the ball close. It was soon evident that we should hold our own forward, but behind the scrum Northampton were better in attack. Excepting for a few brief intervals in the first half, we were continuously on the defence, but several times our forwards rushed very well, and once or twice we all but scored. Every man on the Guy's side defended splendidly, and kept Northampton out to within five minutes of half-time, when Mobbs gathered from a kick by Patey, and running strongly down the touch line scored far out. The kick failed, and as nothing further was scored we crossed over three points to the bad. Resuming, the tables were practically reversed, and playing with the wind, Guy's did the greater part of the attacking. The forwards and halves were playing splendidly, but kept the ball close, and did not give the three-quarters many chances. Several times Guy's only just failed to score, and eventually play was removed to the other end of the field. From a scrum close to Guy's line, Miles forced himself over on the blind side only just reaching over the line. Guy's now changed their tactics and decided to play an open game. Our forwards heeled well, and several times our backs were dangerous, but Northampton returned to the attack. Coles had a drop at goal, which, however, went nearer the corner flag, and Mobbs, sprinting up, scored a lucky try which was converted. With nine minutes to go the game became very fast, and Guy's attacked strongly. Stringer was forced into touch within a few yards of the line, but a minute later, after another fine round of passing, scored wide out. Saunders made an excellent shot at goal, but failed. A mark by Digby met with a similar result, and time was called with Guy's still attacking strongly. Team:—

Guy's.—Patey (back); L. B. Stringer, G. C. Covell W. E. Digby and H. G. Gibson (three-quarter backs);

Tries E. Morgan Morgan Saunders

P. T. Monaghan and P. P. Jones (half-backs); S. McK. Saunders, W. G. Pinching, H. R. Mullins, W. E. Williams, A. Alcock, W. H. Robinson, L. Milton and G. R. Hind (forwards).

Remarks.—Patey made his first appearance and played excellently, stopping rushes in fine form. He should make sure of finding touch when defending. Stringer and Digby showed greatly improved form, and both defended very well, while they made the best use of their chances of attack. Covell was weak, but did some good work, improving in the second half. Gibson defended very well, but wants more pace for attack. All the forwards were good both in the packs and loose. We played seven forwards in the scrum during the second half, as Saunders was injured and played behind the scrum. Monaghan showed vastly improved form and did a lot of dirty work, but was unfortunate in hurting his arm five minutes before time and having to leave the field. P. P. Jones was marvellous, and deserves a page to himself. He did enough work for three men.

## Association Football.

Surrey Senior Cup.

GODALMING v. GUY'S.

On December 2nd, Guy's went down to Godalming to play a delayed third round. The game was keen from the outset, and although Guy's frequently pressed they could not score.

At half time neither side had scored.

During the second half Guy's were slack, and one or two goals were missed. Fifteen minutes before time Godalming broke away and managed to score; thus beating us by one goal to nil. Team:—

Guy's.—C. A. Wood (goal); H. Bastard, G. Robertson (full-backs); P. Pedrick, A. F. Denning, A. Zorab (halves); A. W. Berry, C. Witts, W. Boxall, E. Barnett, F. Barker (forwards).

Remarks.—The team made a very poor show; the only men playing in anything like form were Denning and Witts. Such games will not win the Inter-Hospital Cup.

REIGATE PRIORY v. GUY'S.

With a weak team Guy's beat Reigate on December 9th, by 1 goal to nil.

Guy's started off by playing up the hill, and kept the ball well up in their opponents' half.

There was no score before half time.

Playing down hill three or four times the forwards completely passed the Reigate backs, but were only able to score once through Eccles, who put in a good shot. Reigate never really looked like scoring. Team:—

Guy's.—Sub (goal); H. Bastard, G. Robertson (full-backs); V. Townrow, A. Zorab, C. W. Greene (halves); A. W. Berry, C. Witts, W. Boxall, E. Barnett, H. N. Eccles (forwards).

Remarks.—The second eleven men, Greene and Townrow, did very good work at half-back. Robertson was safe at full-back in spite of the hilly ground.

## Hockey.

The United Hospitals have been doing very well this season, and are one of the few Southern clubs who have an unbeaten record so far. Of 14 goals scored, 12 have been obtained by Guy's men, which is highly satisfactory, though it must be remembered that an excellent defence, provided mostly by other Hospitals, is largely responsible for the success of the team.

Of the Guy's men who are playing at present, Leckie is, as usual, in excellent form at right half for Kent, while Davies and Knight figured prominently in the Kent trial match, and we understand that Moyle was asked to turn out for Kent v. Surrey, but was prevented from doing so. C. B. Ticehurst is doing well for Sussex, and Wells and Archer may be expected to turn out again for Essex and Devonshire respectively.

The United Hospitals are playing both 'Varsities in January, and, if a full team can be induced to travel down, it is quite within reason to expect that the Hospitals will be victorious on both occasions.

## Papers by Guy's Men.

Infant Milk Depots in Great Britain. By J. M. Fortesque-Brickdale, M.A., M.D. Oxon.—*The General Practitioner*, December 2nd, 1905.

On the Mode of Spread of Breast Cancer in relation to its Operative Treatment. By W. Sampson Handley, M.S., M.D. Lond., F.R.C.S. Eng.—*The Glasgow Medical Journal*, December, 1905.

Remarks on Shock. By John D. Malcolm, F.R.C.S. (Illustrated).—*British Medical Journal*, December 9th, 1905.

A Lecture on the Prognosis of Chronic Granular Kidney. By W. Hale White, M.D., F.R.C.P.—*The Clinical Journal*, December 6th, 1905.

NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.*

### Death.

DAVY.—On December 9th, at Southernhay House, Exeter, after a long illness, Beatrice Mary, the wife of Dr. Henry Davy.

Eds.—F. W. M. P., H. C. C.

# GUY'S HOSPITAL GAZETTE

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## Passim.

IT is always a little unfortunate when an issue of the GAZETTE falls due in the middle of Christmas week. There is so much to record, so much is happening in the present, that it is hard, with our mouths still full of Christmas pudding, our heads still adorned with the paper caps of festivity, to creep into a corner and set to work describing and criticising. Writing now, we can congratulate the Eye wards, Dorcas and Job on the success of their concerts, and we can state it for a fact that if Mr. Oliver and the Residents can please their remaining audiences as well as they have pleased the first two, they will have succeeded in beating all records.

OF their performance our dramatic critic has much to say elsewhere. For ourselves, we can only say that we enjoyed it to the full, the first play, perhaps, most of all. To present a serious play before a Christmas audience is always a bold undertaking, but the action and dialogue in Mr. Oliver's play are so good, that in spite of enormous difficulties—a cramped stage, an audience sitting too close to permit of any illusion—it gripped from the first, and was followed with the keenest interest On the first night, the stillness of the audience reminded us of the old lady's description of some equally tense silence—that "not a pin fell." On the second night, it is true, a too highly developed sense of the ludicrous among a very small proportion of the audience added considerably to the difficulty of the actors' task, but then, as the Bishop of Minterweir would say, "De gustibus non disputandum"; in questions of taste it is useless to lay down the law. "The Conversion of Nat Sturge" went without a hitch from start to finish, and the farce, the last item on the bill, was played to an accompaniment of shouts of laughter. The orchestra played an admirable programme of music on the first night under the direction of Miss Searle, on Wednesday under the direction of Mr. Philip Watt. On the first night we fear it was somewhat overtaxed, for the interval before the farce was unavoidably long. It must be remembered that the cast was a very large one, and that to transform an ordinary Resident into a sufficiently dignified Sister or into a Probationer, even moderately good looking, is a work of some little difficulty. The

ntricacies of feminine clothing are not learned at a single rehearsal.

By their entire success in making pleasant this otherwise tedious time of waiting, the orchestra earned the thanks of both the performers and the audience. On the first night Miss Searle had, as we say, an especially hard task, but we were treated to a series of selections which reflected the greatest credit on all concerned. At the performance on Wednesday evening Mr. Philip Watt's orchestra reached a very high standard of excellence, and delighted everybody by their spirited playing. It is one of the drawbacks of the Court Room as a playhouse that the only entrance is so placed that the incoming audience must brush their way past the orchestra, and can hardly avoid causing considerable inconvenience. In the name of the Residents, we take this opportunity of thanking Miss Searle and Mr. Watt, and all who took part, for their invaluable aid.

Other entertainments are still in anticipation —the concerts in Luke, Lazarus and Astley Cooper, the Christmas tree in Martha and the Nurses' Theatricals. Over the last there has been much speculation, but the nurses have kept their secret well, and nothing has leaked out. Of course, rumour has been busy. We can hardly believe it possible that——; but rumour is generally wrong, and before this issue appears we shall have seen for ourselves.

The decorations in the wards are not only as elaborate as usual, or more so, but in many cases they have succeeded in showing distinct originality. It is beyond our powers to attempt description. We have no stock of epithets to describe the feelings which a walk round the wards calls forth, and we are too wise to attempt comparison. If we are tempted to give the palm to the windmills of Astley Cooper, still, we spent a quarter of an hour gaping with admiration at the beauties of Addison, while the merits of Martha could not blind us to the charms of Charity. The decorations this year, in short, are certainly the finest we remember.

The Niggers, as usual, made their laborious round on Christmas Day, under the able direction of Mr. G. A. Ticehurst. Whether they were better than last year or not is a matter of secondary importance; the patients had never seen them before, and they derived an immense amount of amusement from them. Mr. Morton Palmer, as Massa Johnson, was the equal of any of his predecessors, and conducted himself with the mixture of dignified surprise and puerile density appropriate to the office. The costumes were as gorgeously upholstered as usual, though their meaning was not always very plain. Mr. Bell Walker, as a poacher, adopted the singularly cunning disguise of a lamp-shade, while Mr. Alcock remained a mystery to the end. Mr. Chisolm, as a somnambulating bear—is it true that bears only open their eyes when they sit down?— caused howls of merriment, while Mr. Sheaf never for a moment let his charge out of hand. The prodigious efforts of the big drummer mercifully drowned the discordance of the march tune. We heartily congratulate Mr. Ticehurst on the excellent results his unwearied exertions achieved. The chorus was better drilled than ever. The programmes were designed by Mr. G. Sichel, and were executed by Messrs. Ash & Co. as a free gift to the Hospital.

The usual going-off Dinner of the Residents was held in the College Hall on Christmas Day, and was more than usually successful. Mr. Palmer and Mr. Hughes gracefully retired from their offices of President and Vice-President, and Mr. Payne and Mr. Chisholm were elected to succeed them. The speeches were short but effective. Mr. Palmer was especially eloquent. In his kindly way he thanked everybody for all that they had done—he thanked Mr. Ticehurst

for looking after the Niggers, he thanked Mr. Louisson for looking after the Ball, he thanked Mr. Oliver for looking after the Theatricals, and he thanked Heaven that his own arduous labours as President of the Residents during Christmas were nearly done. The Dinner was an entire success, largely owing to the generosity of Mr. Cosmo Bonsor and Mr. Williams.

We congratulate the new Residents on their appointments. On January 1st we shall lose Messrs. Clatworthy, Palmer, Sheaf, Hughes and Glanville, and they will be replaced by Messrs. O'Brien, Williams, May, Clarke and Alcock.

We regret to announce that at the last meeting of the Gazette Committee, Mr. Morton Palmer announced his intention of resigning the Editorship of the Gazette at the beginning of the year. Mr. Palmer has been one of the editors of the Gazette for more than a year, and his loss will be greatly felt.

We publish to-day a list of the names, as complete as possible, which it is proposed should be recorded in the Chapel Memorial. It is hoped that the carving of the names will soon be begun, and it is therefore imperative that any omissions or mistakes should be immediately brought to light. It is intended that this memorial should be a record of all who have died while serving the Hospital, whether nurses, sisters, members of the staff, dental students, or medical students, and it is obviously necessary that it should be perfectly complete. All readers of the Gazette are asked to read through the list carefully, and to let the Rev. Mr. Bown know of any omissions or mistakes which may be within their knowledge.

We publish to-day our annual Christmas picture. We would call attention to the large easel which has been put up in the library, and upon which are temptingly displayed the entire series of the Gazette's Christmas pictures. These can be had for moderate prices, ranging from one shilling to half-a-crown. The pictures are all suitable for framing, and should command a large sale.

It is too early yet, too much has still to happen, to attempt any comparison between this present Christmas week and its predecessors, but enough has been done, and done well, to show that there is still left at Guy's a sufficient amount of talent and energy. The Niggers at least have been pre-eminently successful. To most of us the Disguysed Minstrels are but a name, to be spoken in a breathless whisper. They have left behind them a great tradition, and for years it has become the custom to draw comparisons between these great originators and their successors. We never saw the Disguysed Minstrels, but we are perfectly satisfied with their successors. The history of the Residents' Theatricals is much shorter; they have been in existence, we believe, for only three or four years, and they are not handicapped by having to bear the brunt of comparison with such distinguished predecessors. This year the Residents have certainly improved upon all their previous efforts. If the remaining concerts can live up to the high standard which has been set by those which have already taken place, by the "Niggers" and the theatricals, then the Christmas of 1905 need not fear comparison with any that has gone before.

## Change of Address.

Dr. A. Alexander, from Wellesbourne, Warwick, to Brown Heath, Buxted, Sussex.

Dr. Hugh Barber, from Guy's Hospital to Fernwood Abbeydale, Sheffield.

Mr. Herbert P. Hooper, L.D.S., Linda, Poole Road, Bournemouth, to 28, New North Road, Huddersfield.

Dr. David Thomson, from 34–36, Wick Road, Brislington, Bristol, to The Towers, St. Martin's Road, Upper Knowle, Bristol.

*(The Editor will be very glad to receive a postcard with notes of any change of address.)*

# Bleeding from the Uterus at the Menopause.

CLINICAL LECTURE
BY Mr. G. BELLINGHAM SMITH.

Gentlemen,—Last week we had at Out-patients several women who were approaching the menopause, and who attended on account of bleeding. In some of the cases, from the history, it was not easy to say whether this excessive loss was that specially associated with the change of life or was due to other causes, perhaps of a more serious nature. Thinking this subject to be of interest as a clinical lecture I looked through the cases of the last few weeks, and I will now proceed to describe some of the conditions we have met with. As you know, at the menopause, which occurs about the age of forty-five, the periods may cease gradually, or at times quite suddenly; or, again, may only come to an end after a series of profuse and frequent losses. Such a case we had on Saturday. A patient, with all the general symptoms attendant on this change of life, complained that the periods were profuse, and took place three times in the month.

Now this is by no means uncommon, and consequently about this age there is a tendency to regard any excessive loss as that peculiar to the climacteric. This is a most serious mistake to make, as by neglecting a proper examination we may overlook some other condition until it is too late to do anything for it. In no case should we be satisfied with a diagnosis of climacteric bleeding till we have satisfied ourselves that there is no other pathological condition underlying the loss.

(1.) I will first of all say a few words with regard to this *bleeding at the climacteric*. It is only quite recently that we have begun to understand anything about the condition that gives rise to it. It depends on changes in the musculature and vessels of the uterus which I will try to explain shortly. It has been shown that throughout life the relative proportions of muscle tissue and fibrous tissue in the uterine wall vary as we pass from childhood to old age, and are associated with changes in the number and size of the vessels.

In childhood the muscle forms one-third only of the uterine wall, whilst the fibrous tissue forms the remaining two-thirds, and the vessels are small and thin walled. After puberty, however, this position is gradually reversed, until the muscle becomes two-thirds of the total amount, the fibrous tissue one-third, and at the same time there is an increase in the vascular supply. This proportion persists till a little before the climacteric, when atrophy of the muscle sets in gradually, and we again get a relative increase in the fibrous tissue, which by the age of sixty has returned once more to the proportions that obtained in childhood. At the same time the vessels undergo a diminution in lumen by a thickening of their walls, a condition similar to that found in cases of Bright's disease and described as arterio-capillary fibrosis. This is a normal change, and may be compared to the fibrosis attendant on the involution of other organs, such as the breast.

Why do we get bleeding in certain cases? Throughout life the uterus undergoes contractions, most vigorous in the child-bearing period, and most of all during menstruation. These contractions have the effect of driving on the blood through the organ. To prevent stasis there must be a certain relationship between the strength of the uterine contractions and the number and size of the vessels. At the menopause, as we have noticed, the muscle undergoes a diminution in amount, and is associated with a lessening of the calibre of the blood-vessels. Should the wasting of the muscle be out of proportion to the diminution in the size of the vessels, it will not be able to drive the blood on as it should, and will be followed by congestion of the organ. To this is attributable the bleeding that occurs in some cases.

Bleeding at the climacteric, then, is due to a decrease in the amount of muscle tissue in the uterine wall which for a time finds itself unable to cope with the vascular supply. Later, the vessels undergoing a diminution in their lumen, the balance is once more restored and bleeding

ceases. In a few words, there is a condition of muscular insufficiency.

(2.) *Chronic metritis.*—This leads us on to a condition which, though not the commonest or the most important, is most conveniently considered here. I refer to what is known ordinarily as chronic metritis.

In these cases we have an enlarged hard organ with increase in size of the uterine cavity, the sound often moving about freely within it. The chief symptoms are bleeding and discharge. I see that lately we have had two cases of this kind. In one of them it appears not unlikely that this condition followed on a miscarriage twelve months previously. But in the other there was no obvious cause either in a preceding pregnancy or any infective lesion, such as gonorrhœa, to account for the enlargement; and I think we may take it as an example of the so-called chronic metritis of the climacteric. The symptoms consisted of increased loss at the periods for the last eighteen months, which had become continuous for the last six weeks. Finding the uterus increased in size, I was at first inclined to think that it contained a fibro-myoma, but the sound passed into an enlarged uterine cavity bearing its normal relationship to the body generally, and not distorted or pushed aside or encroached on by any tumour.

This enlargement of the uterus is accounted for as follows:—The muscle becoming weaker from atrophy, and in consequence unable to drive on the blood, congestion supervenes, and as the result of persistent engorgement we get an increase in the fibrous tissue of the uterine wall.

I have here a specimen to show you the great thickening the wall may undergo. It is said —I have not traced a case throughout—that in the course of time the uterus again diminishes in size and undergoes the usual senile atrophy. This enlargment of the organ is interesting as being of the same nature as that following pregnancy—a condition to which the term subinvolution is wrongly applied. It is, in reality, a super-involution of the muscle tissue, the increase in size being at the expense of the fibrous tissue and dependent on chronic congestion. Such an enlargement may be difficult to distinguish from a fibro-myoma of the uterus, and without an exploration of the cavity it may not be possible to diagnose it with certainty from a carcinoma of the body.

Having considered the conditions specially associated with the climacteric, I will now pass on to consider others that are frequently met with at this time of life.

(3.) *Carcinoma.*—And the first I will mention is carcinoma, and more particularly carcinoma of the cervix. This is the period of life when it is most common, and we cannot be too careful in the measures taken to exclude it. After the menopause, when a period of amenorrhœa has intervened, hæmorrhage at once leads us to think of cancer; but before that change, and especially when it is imminent, there is a tendency to regard an increased loss as due to the changes consequent on the climacteric. The first symptom of carcinoma is generally bleeding, and if we neglect this warning the case may, in a short time, be beyond the reach of operation. If you wait for the four classical symptoms, bleeding, foul discharge, pain and wasting, be assured that you will then be too late, in the majority of cases, to do your patient any good. Hæmorrhage, however, is not always the first sign. There were two patients last week who attended on account of a profuse yellow discharge which was not offensive, and which had been noticed as tinged, on one or two occasions only, with blood. And in each case there was a well-advanced growth of the cervix involving the fornices. A growth starting on the vaginal aspect of the cervix is more likely to give rise to early symptoms, especially bleeding on coitus, than one starting in the substance of the cervix.

The subject of carcinoma in its different forms, and the difficulties of diagnosis, is not one that I can go into at any length to-day. The most difficult cases are those originating within the cervix, more especially when the vaginal portion is atrophied. Most of them, however, as soon as symptoms present themselves, show some ulceration and friability round the external os.

(4.) *Fibromyomata. Polypi in the cervical canal.*—It is by no means infrequent for patients of about the age of forty-five to come up complaining that of late the periods have become more profuse, and on examination for us to find a uterus enlarged by a fibromyoma. The cases most likely to be overlooked would be those in which the symptoms are confined to bleeding of short duration, and in which the patient is approaching the age at which the menopause occurs. There are several of these cases recorded in the out-patient book for the last two or three months. In one, a patient of forty-seven, the periods had been irregular for the year past, the loss considerable and accompanied by clots. The uterus was found to be the size of a three months' pregnancy, and there was in addition a small pedunculated subserous growth. In another patient, aged forty-two, the periods had been prolonged to fourteen days for the preceding seven months only. As I have already mentioned, these smaller enlargements, due to fibromyomata, have to be distinguished from the enlargement due to general fibrosis of the organ, or occasionally from carcinoma of the body.

There is one other condition in connection with fibromyomata I would lay stress on, that is accompanied often by most profuse hæmorrhage, and that is a polypus in the cervical canal.

In the course of the last year several cases of fibromyomata have occurred associated with profuse loss. On examining them the canal was found to be patulous, and a small firm polypus was felt easily lying within it. In the first case I saw some time ago, I considered that hysterectomy would be certainly required, on account of the severity of the bleeding, which was not controlled by ergot or other drugs. The polypus was removed as a temporary measure, and the bleeding entirely ceased. Since then I have seen this result follow in several cases the removal of a small fibroid polypus from the cervical canal, though associated with fibromyomata in the uterine wall. That is why I say that the recognition of this condition is of some importance, as a trifling operation may entirely relieve the urgent symptoms.

(5.) *Mucous polypi.*—Small mucous polypi may be found at this time of life, as at other, and may be responsible for hæmorrhage. On Saturday last there was a patient who complained of bleeding that might have been climacteric in origin, and in whom we found two small mucous polypi protruding from the external os and associated, as these polypi so often are, with endocervicitis and erosion.

(6.) *Pregnancy.*—Nor should we overlook the possibility of pregnancy. Though in the majority of cases child-bearing ceases before the age of forty, it is by no means uncommon to find a patient over that age with a pregnant uterus, or with a history of having miscarried. Generally it comes as a surprise to these patients to find out their condition, the amenorrhœa being regarded as due to the onset of the menopause. In these cases bleeding may be due to a threatened or actual abortion.

Here are notes of such a case:—A patient, aged forty-two, ceased menstruating for three months, and this was followed by irregular losses for another three months. This she attributed to the change of life, until, at the end of this time, she had a miscarriage, passing apparently a mole.

The reverse is seen in those patients who suppose themselves to be pregnant, and in whom such a condition does not exist. We had a case on Saturday last, some of you may remember.

Though these cases do not come within the scope of the present lecture, I should like to mention one that came up about two months ago. She was aged forty-seven and her last child had been born seven years ago. There had been ten months' amenorrhœa and gradual enlargement of the abdomen, with other symptoms that the patient considered conclusive of pregnancy. She had latterly had pains and a bloody discharge, and she came here to see why labour had not occurred. She was not pregnant, and the only condition present was a split cervix and erosion.

(7.) *Endometritis.*—Another condition we must include as giving rise to bleeding is endo-

metritis. At the climacteric, many cases that we should have regarded formerly as primary endometritis, are most probably secondary to the condition I have already described as chronic metritis. However, there is no reason to doubt that to chronic endometritis may be attributed some of the cases of bleeding associated with a profuse discharge, especially those in which some obvious cause in the shape of miscarriage, or some history of infection, such as gonorrhœa, exists.

(8.) I have now considered the more common conditions that may be found in women coming for advice on account of bleeding preceding the menopause. In addition to these are a few rarer lesions that I will do little more than mention. One patient, aged forty-eight, had a large polypus in the vagina. She had been quite regular until a fortnight preceding, since which time she had lost continuously. She had been losing rather more at her periods, she stated, for twelve months previously. The growth was removed and was found to be a sarcoma.

Another case in which a growth was quite accidentally discovered was that of a woman, aged forty-four, who had had four months' amenorrhœa, followed by a flooding. Examination here showed a large malignant growth in the pelvis, probably ovarian in origin. It is worth mentioning here that after the cessation of the menses a malignant growth in the ovary may give rise to bleeding from the uterus, in the same way as it does before the menopause. Another patient had bleeding from an ulcerated rectocele.

If I have not mentioned all the possible conditions that may cause bleeding about the time of the menopause, I have, I think, given sufficient to show you the importance of examining carefully all cases in which there is any departure from the normal. In the majority of the cases mentioned above the only history given was bleeding, and there was little to distinguish those specially associated with the changes in the uterus that precede the menopause from those dependent on other pathological lesions.

## A New Light on Omar Khayyam.

During the demolition of the old anatomy buildings, a fragment of Papier Papyrus Pur, which had lain concealed behind the well-known notice proclaiming "silence,'" was disclosed.

This fragment consists of only 8,469 quatrains, a few of which are given below.

They seem to show that the "Tentmaker and Poet" was, *inter alia*, a medical student.

I.

Myself, when young, did eagerly frequent
Starling and Gray, and heard great argument
In pickle rooms; but oft was driven out
By that infernal penetrating scent.

II.

A Loaf, a Flask of Wine, beneath the bough
(Compared with this) were Heaven, *you* must allow
Who may perchance have heard the present tense
And passive voice of dreaded verb "To Plough."

III.

Methinks that language never flows so red
As when one's partner on th' allotted head,
Slashes at random and proceeds to cut
Th' Internal Max. made tense with soft red lead.

IV.

Or when, at mystic hour, the cold compress
Thy brow embracing wakes to restlessness,
And trickles gentle streamlets down your back.
You mutter "Bother" (that is—more or less).

V.

Gaze on this weighty tome, and though you say
The corners now have had their doggy day,
Yet think how students numberless have lived
To bless the writer of the (Pocket) Gray.

VI.

But when each book, with logic absolute,
Proceeds all other writers to refute,
The wary will retire, as I do now,
Else will our scalps grow quickly less hirsute.

Translated by E. L. V.

## Papers by Guy's Men.

The Sandhurst of the French Army Surgeon. By Captain J. C. B. Statham, R.A.M.C.—*Journal of the Royal Army Medical Corps* for December, 1905.

A Lecture on Habit Spasm in Children. By G. F. Still, M.A., M.D. Cantab., F.R.C.P. Lond.—*The Lancet*, 16th December, 1905.

# Chapel Memorial.

A few omissions still occur in the following list, and it is hoped that our readers will supply the missing names.

George Rootes, 1867.
Alfred Poland, 1871 or 2.
James Bishop, 1876.
James Chadwick, 1881.
Charles Hilton Fagge, 1883.
Frederick Horatio Akbar Mahomed, 1884.
Walter Moxon, 1886.
Robert Edmund Carrington, 1887.
Francis S. Hawkins, 1888.
Leonard Charles Wooldridge, 1889.
Thomas G. Sherringham, 1891.
Guy M. Lewis, 1891.
Ralph G. James, 1891.
Thomas H. Green (? date).
John Charles Steele, 1892.
Frederick J. Blewitt, 1893.
Edgar B. Marriott, 1893.
Frank W. Goldie, 1894.
John Dixon, 1896.
George Lewis, 1898.
Robert F. Macdonald, 1899.
Arthur H. Leete, 1900.
John Neville Davies-Colley, 1900.
Henry St. Austen Alder, 1901.
Edwin Stott, 1902.
Maurice D. Wood, 1902.
John W. Washbourn, 1902.
—. Fayre. (?)
Lesiie A. Fothergill, 1903.
Robert C. B. Shaw, 1904.
Malcolm McPherson, 1904.
Cecil H. Douglas, 1905.

Clara Faithfull Lumley, 1882.
Matilda Botwright, 1892.
Margaret Keogh, 1897.
Elizabeth Ling, 1882.
Susannah Lee, 1886.
Alice Lindon, 1888.
Milly Lock, 1890.
Helena Peckham.
Annie Pinfold, 1896.
Frances Hughes, 1897.
Kate Hands, 1898.
Rachel Roberts, 1890.
Frances Whitnell (? date).
Agnes Cutting, 1894.
Mary Dance, 1893.
Eliza Hern, 1901.
Edith Wooll, 1901.
Constance Heygate, 1902.
Clarence Margaret Cotton, 1902.
Norah Wigney, 1903.
Alice Bailey, 1903.
Olive Barnard, 1904.
Florence Lew, 1904.
Elise Riley, 1904.
Elizabeth Godby, 1905.

# The Hospital Appeal.

## Nineteenth List of Donations.

| | £ | s. | d. |
|---|---|---|---|
| Amount previously announced ... ... | 57,127 | 10 | 6 |
| Further Amounts received (Including Contributions to Million Shilling Fund up to the 27th inst.) ... ... ... | 19 | 15 | 0 |
| Total Amount received towards the principal sum of £100,000 required ... | £57,146 | 11 | 6 |

# Pass List.

## University of Cambridge, December, 1905.

DEGREE OF M.D.

W. R. Grove.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

Part I.—A. S. B. Bankart, A. T. Densham, R. Davies-Colley, G. W. Goodhart, E. R. Stone.

Part II.—F. D. Crew, G. H. K. Macalister, L. G. Davies, A. H. Miller, G. W. de P. Nicholson.

SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

C. S. E. Wright.

## Royal College of Surgeons of England, December, 1905.

FINAL EXAMINATION FOR THE FELLOWSHIP.

C. D. Pye-Smith.

PRIMARY EXAMINATION FOR THE FELLOWSHIP.

E. C. Bevers, E. L. M. Lobb, R. A. Greeves, H. A. Sanford, G. F. Syms.

## University of London, December, 1905.

DEGREE OF M.D.

Branch I.—Medicine.—J. A. Butler, A. H. Gerrard (University Medal).

Branch IV.—Midwifery and Diseases of Women.—N. Ivens Spriggs.

DEGREE OF M.S.

A. M. Webber.

# The Chaplain's Tale.

Thalamon Lodge, Isle of Wight,
July 17th, 2025.

Dear Sir,

Having recently had occasion to look over a bundle of old letters and manuscripts, I have come across the diary of James Silvertongue, D.D. who, as your readers may recollect, occupied some fifty years ago the post of Bishop of Elbered in Central Thibet, and who happens te have been a maternal ancestor of my own. In perusing this diary I have incidentally come across the following rather curious notes which may be worthy the wider publicity of your esteemed columns, especially in view of the fact that there is still some doubt as to whether our forefathers did or did not believe in the material manifestation of things which are inherently spiritual. I will not trouble your readers by commenting on the notes, but will only state, by way of introduction, that Dr. Silvertongue was at one period of his life Chaplain to Guy's Hospital (which had at that time not been translated to its present site in Epping Forest), and that on inquiry I find that the major part of his allusions are substantially correct. From various sources I find that there did actually exist the brutal preliminaries of which the reverend gentleman speaks, and there has lately come into the hands of a friend of mine a curious pamphlet, evidently written by the individual named Lane to whom Dr. Silvertongue refers, which throws a lurid and ghastly light on the then treatment of so elementary a lesion as a compound fracture.

I am, etc.,

CHARLES SILVERTONGUE WALLDALE,
F.R.S., Etc.

To the Editor of the *Times*.

I.

December 12th.—Sister informed me this morning that No. 18 had been filled, and that, as she could not definitely ascertain his denominational peculiarities, she had provisionally entered him as C. of E. Talked to Cot C. —the excised hip. Am afraid the boy, notwithstanding his tender years, notwithstanding the serious illness through which he has just passed, is stubbornly inimical. Nurse D—— tells me he has been saying the most awful words, which on expostulation, he asserts he has heard from the ward clerks [Memo.: to try and run in something about danger of ill-guarded expressions in sermon next Sunday: to speak to H. S. personally: to look up "incarnadine" in Skeat and that other word]. No. 16 going downhill fast . . . No. 18: old man, drawn face; took down report but found practically nothing. Is apparently very deaf: came to Front yesterday with a temperature of 108·5, and said his name was "Tammas." Tried to talk but could not do much. Gave him a tract. He interests me . . .

December 13th.—Sister tells me 18 has been delirious last night. Talked wildly, and attempted to blow out lights, saying, just distinguishably, that it was a frightful waste. Quieter this morning. Nodded to me and tried to speak. Seemed ill at ease. Where have I seen his face before? He is next to Cot C, whose language is daily becoming wickeder. Sister is helpless with that child. No. 20, who is a stenographist, took down what he heard while nurse was trying to give it MM. in hot water this morning. He showed me the transcription; it is horrible! I tried to persuade him to destroy it, but he says H. S. has asked it for *Guyoscope*. [Memo.: speak to Superint. re dressers.]

December 14th.—Wonder if 18 is really C. of E. Nurse tells me he has been moving his fingers continually as if counting. [Memo.: see Father Robson re 18.] Cot C has influenza. If it were not sinful I would be glad—it keeps him quiet.

December 15th.—Mr. Lane saw patient to-day as I find from report, and decided, for reasons which would be superfluous to enumerate, since they are beyond the comprehension of any mere lay mind, to perform lateral anastomosis. Am told it is an invariable practice to perform l.a.—query: as precautionary measure? The old man is sensible of the gravity of his case. Robson tried him with a rosary but he flung it away; Robson thinks he must be Salvation Army. I am getting more interested in him—his face is so curiously reminiscent . . .

December 16th.—Watched dressers perform brutal preliminaries on 18—scrubbing and all the rest. Old man complained of hunger: had been allowed only hot water for breakfast instead of ordinary matutinal refreshment. Lost temper with 20 who seems to delight in Cot's wickedness and keeps a memorandum of dialogues between it and Sister. [Memo.: must speak to Sister; cannot believe she really said all that.]

December 17th.—L. a. performed on 18; am told successfully, even brilliantly. It seems his internal economy has been rearranged in a fashion and manner entirely different from that which the all-embracing wisdom held efficient for the due performance of functional duties. Sister denies No. 20's statements. Am glad to hear it; also that Cot is going to convalescent home to-morrow: sorry for convalescent home.

[Between December 17th and December 29th there are entries which have no direct bearing on the matter, although of some interest as illustrating ward life at a hospital almost a hundred years ago. On December 29th there is a mere note to the effect that "18 is doing well." On the 30th and 31st there are two notes neither of which are decipherable. On January 1st there follows what is evidently an extract from a letter to a friend:— "It was late in the evening, the last evening of the year, when Nurse came to me and said that No. 18 had expressed a wish, in his usual method of writing on a bit of newspaper margin, that I should visit him. Owing to

multifarious duties, I could not comply with his request until long after dinner, and at ten o'clock, when I went to his bed, the ward was, as usual, dim and shadowy. I found the curtains drawn and a screen at the foot, but old Tammas was lying quietly gazing in front of him, and nodded to me when I took his hand. He tried to speak, but, strain as I would, I could not catch what he said. Somehow I remained sitting there. I do not know why, but there was something about the old man's face that fascinated me. I watched the nurses depart, and the night sister pass, and I felt no desire to get up and go. I took out from my pocket Leibnitz's Monadology and set myself to read the involved chapter on primary harmonies: I mention this, my dear Twitterton, to show you how very far removed my thoughts were at that moment from anything morbidly introspective. Perhaps you may blame me for that. There was enough to give me food for thought. It was the last night of the year: at my side I heard the hushed breathing of one who might not live to see the advent of the dawn that heralded the first day of the new year. About me were disease and sickness, consequential concomitants of life's evil, of life itself. Outside were the roistering students, celebrating the outgoing year, with the customary revels round the Founder's statue. As I read the flare of the bonfire lighted up the windows of the ward, competing in weird harmony with the flicker of the dim glare in the grate, and the shouts and refrains of songs turned upwards and penetrated into the silent quietude of the long low room. But you must bear in mind that, in a measure, I was seasoned to all that. I do not wish to give you to understand that hospital life has dulled my human sympathy or rusted whatever spontaneity of charity I may have possessed. On the contrary, it has strengthened and confirmed both, but it has taught me to see things in their proper perspective, to revere sentiment without being sentimental (as you are an artist you will understand what I mean), and above all to be sanely sympathetic and not morbidly retrospective. I thought of many things while I sat there. In the first place I found the functional inferences very difficult to understand and the definition of a primary harmony equally so. Then I caught myself every now and then glancing at the old man and wondering what it was that made his face so strangely familiar to me. By-and-bye, however, he slept, quietly I thought, for he retained my hand in his and I hated to stir for fear of waking him. Then, just while I was commencing the chapter on radicle triads, I found my attention fixed to the old man on the bed. I saw him get up, and yet when I looked again at the bed I saw him calmly lying asleep. There at the side of the screen stood his "doppelgänger," eye to eye like him, except that instead of being dressed in a red dressing gown, this standing one had on an old-world kind of suit with frills and folds of ruffled lace and brown velvet. I sat rooted to my chair and watched this quaintly dressed phantom go down the ward, pause by the night nurse's screen, and then slowly proceed up and down at a measured pace, as if it found much to inspect and more to pause at.

It went to the windows and looked out. It came to the bed and stared at its counterpart lying, breathless and quiet, beside me. It went to her nurse and I saw it bend down and put something in her hand. Then, leisurely, slowly it came back to me, full-faced so that I could see every feature. I saw the face of an old man, drawn round the mouth and puckered at the eye corners, with a thin nose that bent ever so slightly at its end and receded upwards into a forehead that was narrow and fringed with the grey yellow curls of an enormous wig. The eyes were kindly and grey blue in colour, in marked contrast to the stern line of the mouth. A moment it stood over me and stooped and placed in my hand a gold guinea, over which my fingers instinctively closed. Then, slowly as before, it walked towards the closed door and disappeared.

I sat up and rubbed my eyes and, glancing down the ward, I saw the night nurse looking round her in a half-dazed sort of fashion. She came up to me.

"I've had such a funny dream, Mr. Silvertongue," she said. "I dreamed 18 came and gave me a sovereign, and though I wasn't asleep, I thought it so real that I actually looked to see if there was anything, and there was only this."

She opened her palm and showed some flakes of crumpled burnt paper; and opening mine I found that I held an almost identical heap.

"It must have blown in from the bonfire," she said, "though there aren't any windows open. But what have you been doing? No. 18's dead."

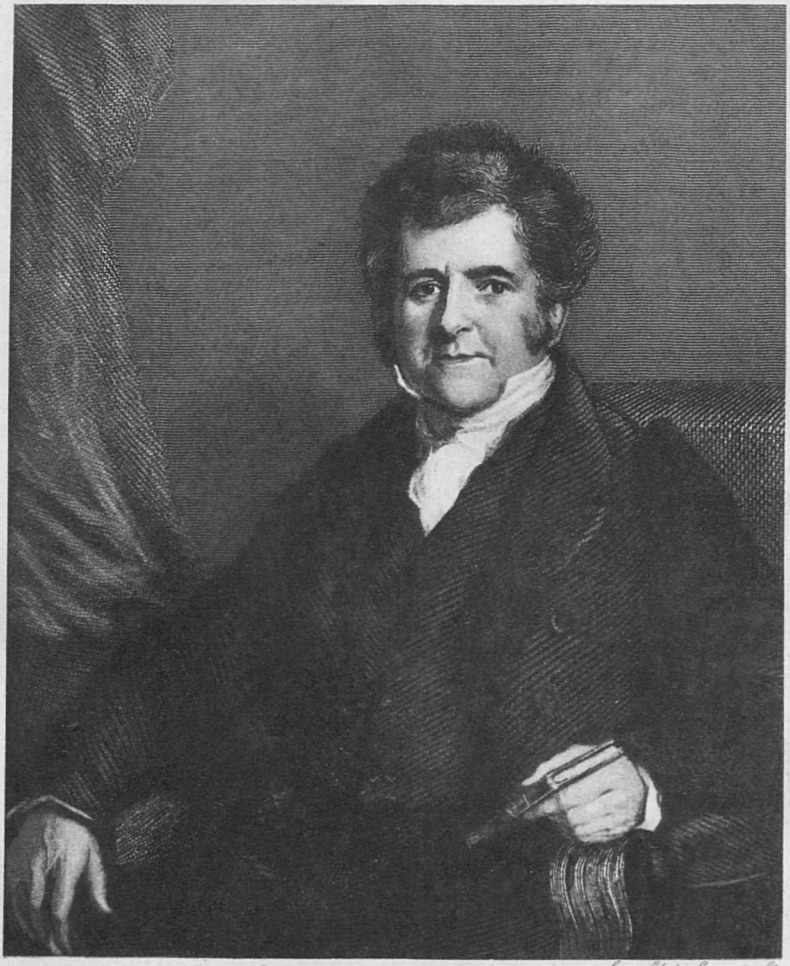
## Pupils' Physical Society.

The sixth meeting of the session was held in the Smoking Room at the College on December 16th, Mr. K. H. Digby being in the chair. Mr. Leipoldt read an interesting paper upon "Suppurative Pylephlebitis," based upon over eighty cases already published, together with a few yet unpublished recent cases from Guy's Hospital. There was a good discussion, lasting an hour, and carried on by Messrs. Digby, Leipoldt, Stebbing, Taraporwala, Dr. H. F. Bell Walker, and the two secretaries. A hearty vote of thanks to Mr. Leipoldt for his paper was proposed from the chair and carried by acclamation.

## Papers by Guy's Men.

Some Remarks on the Prevention of Appendicitis. By W. J. Tyson, M.D. Durh., F.R.C.P. Lond., F.R.C.S. Eng.—*Ibid.*, 23rd December, 1905.

The Treatment, especially Post-operative, of Acute Abdominal Conditions. By J. H. Bryant, M.D., F.R.C.P. —*The Clinical Journal*, December 27th, 1905.



Swan Electric Engraving Co

Richd Bright

Physician to Guy's Hospital, 1820–1843.

# ONE MILLION SHILLING FUND

IN AID OF THE

## HOSPITAL APPEAL, 1905.

### Nineteenth List of Collections.

(Received up to Wednesday, December 27th, 1905.)

The number inserted in brackets after the name indicates the amount of previous individual collections

| Name. | Shillings. |
|---|---|
| Amount previously acknowledged ... | 68,922 |
| Abel, Miss (2s.)—Miss A. Martin Leake ... ... | 2 |
| Anderton, Miss Marie (132s.)—B. Cowley... ... | 1 |
| Ashford, Miss M. (130½s.)—Collection ... ... | 10 |
| Astley Cooper, Sister (179s.)—Mrs. Rogers, 20; Edward Chandler, 1 ... ... ... ... | 21 |
| Bell, Miss K. (10s.)—Miss B. Wright ... ... | 13 |
| Carr-Hill, Miss (20s,)—Collection ... ... ... | 5 |
| French, Mrs. Herbert (80s.)—Collected by Miss Alice Williams ... ... ... ... ... | 149 |
| Green, Thomas J. (21s.)—Collection .. ... | 10 |
| Henderson, Mrs. (20s.)—Miss Till Rhodes ... | 9 |
| Holman, Dr. H. J. (5s.)—R. Lodge .. ... | 5 |
| Hinde, E. B. (30s.)—Sawbridgeworth Football Club ... ... ... ... ... ... ... | 7 |
| Karpeles, Mrs. (1,475s.) — Collected by Miss Parker, 20; E. S., 1 ... ... ... ... | 21 |
| Lydia, Sister (103s.)—A Grateful Patient ... ... | 5 |
| Sams, V. S.—Collection ... ... ... ... | 24 |
| Whiteford, Miss (50s.)—C. Partridge ... ... | 3 |
| | 69,207 |
| Further collections from sources outside the Hospital ... ... ... ... ... ... | 96 |
| TOTAL (up to 27th inst.) | 69,303 |

## Appointments.

### House Appointments.

The following appointments have been made by the House Committee upon the recommendation of the Medical Committee:—

*House Physicians.*—Messrs. R. O. Williams (Dr. Taylor); A. B. O'Brien (Dr. Pitt).

*House Surgeons.*—Messrs. W. N. May (Mr. Lucas); H. M. Clarke (Mr. Lane).

*Out-Patients' Officers.*—Messrs. H. C. Cameron, R. E. French, A. G. Jones, C. M. Stevenson.

*Assistant House Surgeons.*—Messrs. H. A. Watney (Mr. Dunn); W. Reeve (Sir Alfred Fripp); V. A. P. Costobadie (Mr. Steward); R. Edridge (Mr. Fagge).

## Impacted Wisdom Teeth.

CLINICAL LECTURE BY MR. W. A. MAGGS,

November 23rd, 1905.

GENTLEMEN,—The eruption of lower wisdom teeth is generally accompanied by pain and discomfort, and inasmuch as patients almost daily attend the Out-patients' Dental Department of Guy's for relief of their suffering from impacted wisdom teeth, it is necessary that you should be acquainted with the best way of helping them.

I will briefly detail the symptoms and treatment of these cases, and in dealing with treatment will show you in a practical way on the "phantom head" how to use the instruments mentioned.

*Cause.*—This condition, nearly always confined to the mandible, is caused by insufficient backward development of the horizontal portion of the bone, and as a consequence there is a deficiency of space between the second molar and the coronoid process. This arrest of growth is mainly due to a deficiency of the physiological use of the jaws, such as our forefathers practised when subsisting upon hard and coarse foodstuffs. It is also to some extent due to the early loss of deciduous molars which causes dwarfing of the jaws and overcrowding of the teeth.

*Symptoms.*—Pain, throbbing or paroxysmal in character, is felt at the seat of impaction and in the parts corresponding to the distribution of the inferior dental nerve and the anterior cervical nerves of the side of the face affected. The local pain is part of the inflammatory process, and is increased by eating, but some pressure may exist on the trunk of the inferior dental nerve, and occasionally it has been found that the nerve itself has grooved the apices of the roots, or actually passed through a foramen in them.

The pain in chronic cases may be referred to the ear, owing to the common origin of the inferior dental and the auriculo-temporal nerves, and to the fact that the latter sends branches to the *meatus auditorius*. The gum over the tooth becomes inflamed and swollen, and mastication is rendered difficult. The swelling, due to infiltration of serous fluid into the soft tissues around the tooth, is often aggravated by the gum being bitten upon by the opposing tooth.

When the inflammatory effusion involves the muscles of mastication, the movements of the mandible become very restricted, the condition being known as *Trismus*. The lymphatic glands at the angle of the jaw soon become tender and swollen.

In acute cases suppuration may rapidly occur, and the pus find an exit around the neck of the tooth with considerable relief to the sufferings of the patient.

The swelling may extend backwards to the fauces, tonsil, soft palate and pharynx; or if the powers of resistance of the patient be poor, and the micro-organisms present are of a virulent type, the suppuration may extend along the alveolar periosteum, and the pus open externally through the skin at the angle of the mandible, or burrow downwards beneath the cervical fascia and point in the neck. The impacted tooth sometimes causes absorption of the distal surface of the second molar, and continued pressure may lead to exposure of its pulp.

Constitutional symptoms generally run high, with increased temperature and pulse, accompanied by constipation.

*Diagnosis.* — The patient, usually a young adult of from twenty to twenty-five years of age, may give a history of previous attacks of pain, swelling, and difficulty of mastication on one side, which attacks have passed off after a few days. The mouth can only be opened to a slight extent, and the effort causes great pain.

To aid in diagnosis the jaws should be separated as widely as possible by means of a wooden screw-gag, inserted between the posterior teeth on the opposite side of the mouth. This gag is preferable to any other form, as the screw can be gradually turned; it rarely slips and affords relief to the patient in biting upon it.

An alveolar abscess causes pain and difficulty in opening the mouth, but the abscess may be recognized by the presence of a septic tooth or root and the inflammation and suppuration around it.

In the cystic condition of the jaw due to an excessive secretion of fluid between the tooth and its follicle, and known as Follicular Odontome (Dentigerous Cyst), the growth is slow and painless, and softening and crackling of the expanded bone can be felt.

A dental cyst is also of slow formation, progressive and painless, and the outer alveolar plate is affected. It arises from a septic tooth or root, and inflammatory symptoms are absent.

Difficulty in opening the mouth, with stiffness of the muscles of the mandible, are early seen in tetanus, but graver symptoms rapidly follow, namely, spasms of the muscles of deglutition and respiration.

Solid growths, innocent or malignant, may arise within the site of the unerupted wisdom tooth, but their history and appearance differ in all points.

A localised painful swelling posterior to a sound second molar is suggestive of an unerupted wisdom tooth, and the conclusion is confirmed if enamel can be detected at any point by a sharp probe.

The use of X-Rays is not usually required, but may be advisable in difficult cases.

*Preventive treatment.*—This consists in the removal of a premolar or molar on one or both sides of the mouth at an early age, say between thirteen and eighteen years, should there be much overcrowding of the molar series, and it is especially indicated if either of these teeth is extensively decayed.

*Treatment.*—Such methods as lancing the gum by a crucial incision over the tooth, or dissecting the gum away, or cutting off a piece by means of a suitable instrument, are at best palliative and generally futile, and should be avoided. Heroic surgical operations which involve the removal of a piece of the jaw, together with the impacted tooth, are unnecessarily severe, provided the loss of the second molar will effect a cure.

The impacted tooth is useless as an organ of mastication, and the treatment consists in its removal, but that in some cases is most difficult, in fact almost impossible. When suppuration has taken place around the tooth, or when part of its crown, say a third, is visible above the gum margin, or when the tooth can be slightly moved in its socket by means of a probe, extraction is generally feasible. On the other hand, the contrary conditions indicate that any attempt at extraction will probably end in failure, and in these circumstances extraction of the second molar is justifiable, so that ultimately the wisdom tooth will come forward and take its place. Should the second molar be much decayed, its removal is to be preferred, that is presuming the wisdom is sound. A straight elevator, with serrated blade, and all-metal from choice as it can be completely sterilized by boiling, is the best instrument for the removal of a mandibular wisdom tooth.

The instrument should be used as a lever of the first order, represented by—

1. Power.—The force used by the operator, the elevator and the hand of the operator being the long arm of the lever.
2. The fulcrum.—The alveolar process of the anterior root.
3. Resistance, or body to be moved—the tooth.

The flat side of the blade of the elevator should be thrust well down from the outside of the alveolar process at an angle of about forty-five degrees with the gum margin, and the handle slightly depressed and rotated a quarter of a circle, so that the tooth is displaced upwards and backwards.

To prevent injury from slipping of the elevator, it should be held firmly, and the right forefinger of the operator should protect the blade to within an inch of its apex.

I find a right angle elevator safe and efficient, and use it in all cases where the maximum amount of force is not required. It is also a safer instrument than the straight elevator in the hands of the inexperienced.

When a left lower wisdom requires removal, the operator stands in front of the patient, fixes the jaw with the left hand, protects the tongue from injury with the left fingers, and puts his thumb on the second molar to prevent its displacement—an accident liable to occur unless this precaution be taken.

When a right lower wisdom requires removal the operator stands behind and to the right of the chair, puts his left arm around the patient's head, fixes the jaw and the second molar with his fingers and thumb respectively as indicated for the left tooth.

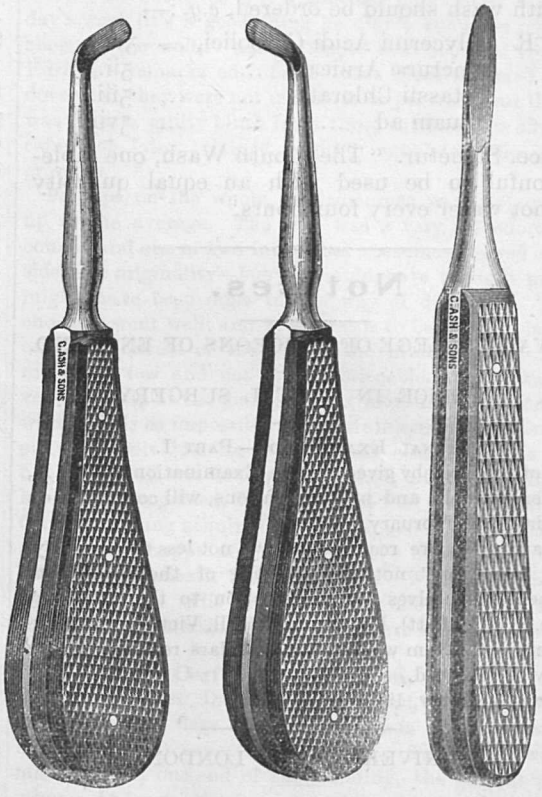
I prefer to operate in these cases without the aid of a *general* anæsthetic for the following reasons, although I never insist upon doing so if the patient desires such an anæsthetic.

1. The operator's movements thrust the jaw downwards and backwards, and tend to impede respiration.

2. The tooth by being levered out of the jaw is more liable to slip into the pharynx than a tooth which is removed with the forceps, and an inspiration taking place at the moment the glottis is open, it is liable to be drawn into the larynx.

3. The operation takes more than the average time for an extraction on account of the trismus, and of the necessity of using a gag for separating the jaws.

4. Patients with impacted wisdom teeth take a general anæsthetic badly.




*After-treatment.*—It has been said that the average patient will be laid up more or less for three weeks after the operation. Provided suppuration has not taken place, the best treatment, in my opinion, is the insertion in the socket of an antiseptic alveolar plug of hard paraffin, and 2 per cent. of phenol, for from twenty-four to forty-eight hours. If swelling and suppuration be present, the mouth should be well flushed and the socket syringed many times a day with hot water and a mild antiseptic. In severe cases a decoction of poppies with chamomiles and chlorate of potash gives great relief—

℞. Dec. Papaveris et Anthemidis Conc. ʒiv. Signetur "The Decoction,* one tablespoonful

*Poppy Heads, ½lb. Chamomile Flowers, ½lb. Water, a sufficiency. Boil and make up to one pint.

to be used in half a tumbler of hot water, in which a powder has been dissolved, every two or three hours."

℞. Pulv. Potassii Chloratis gr. x.
Fiat Pulv. Mitte viii.

In less severe cases a sedative and antiseptic mouth wash should be ordered, *e.g.*:—

| | | |
|---|---|---|
| ℞ | Glycerini Acidi Carbolici, ... | ℥v. |
| | Tincturæ Arnicæ ... ... | ℥ii. |
| | Potassii Chloratis ... ... | ℥iii. |
| | Aquam ad ... ... ... | ℥viii. |

Misce. Signetur. "The Mouth Wash, one tablespoonful to be used with an equal quantity of hot water every four hours."

# Notices.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

### LICENCE IN DENTAL SURGERY.

FINAL EXAMINATION—PART I.

Notice is hereby given that an Examination in Part I., under both old and new regulations, will commence on Friday, 2nd February, 1906.

Candidates are required to give not less than twenty-one clear days' notice in writing of their desire to present themselves for examination to the Secretary (Mr. F. G. Hallett), Examination Hall, Victoria Embankment, W.C., from whom all particulars relating thereto may be obtained.

5th December, 1905.

## UNIVERSITY OF LONDON.

### CONDITIONS FOR ADMISSION TO THE SCHOLARSHIPS EXAMINATION.

In and after 1906, Students who have passed the Preliminary Scientific Examination, Part I., will be admitted to the Scholarships Examination held annually in July, provided (*a*) that they shall have passed in all the subjects of the Preliminary Scientific Examination, Part I., on the same occasion, and (*b*) that they shall have passed this Examination in the same Calendar year as the Scholarships Examination for which they enter or in the July of the Calendar year immediately preceding.

December 13th, 1905.

## NOTICE TO CORRESPONDENTS.

*The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only*

# Reviews.

*The price of books submitted for review should in every case be stated.*

*Hints to Probationers on Practical Work.* By Mary H. Annesley Voysey. Pp. 111. (The Scientific Press, Ltd.) 2s.

A little handbook containing much useful information for first-year nurses; we should suggest, however, that parts of it are re-written before it runs into a second edition. This applies chiefly to the chapter on urine testing, which is far from satisfactory. In the heat test for albumen, the effect of the acid on the boiled urine is not described, in the cold test, the presence of albumen is described as a "disc-shaped precipitate seen at plane of contract." In one test the nurse is advised to "remove albumen by filtration," without having any idea given to her as to the method of procedure.

In the chapter on fomentations, these directions are given for a fomentation with mustard:—"Use a double flannel, and sprinkle one teaspoonful of turpentine dry mustard on one side and fold it in." The interpolated word holds no dangers for the initiated, but the beginner would be more likely to supply a conjunction to the sentence, than deduct an ingredient.

The chapter on the nursing of children is written in a sympathetic and understanding manner, and for the moral teaching of the book we have nothing but praise; we are especially pleased with the old French motto which concludes the book:—

"Je le pansay; Dieu le quérit" ("I tended him; God healed him").

*Surgical Nursing.* By Russell Howard. (Mr. Edward Arnold.) 6s.

A series of lectures given to the Nurses of the London Hospital, who, by the way, are to be congratulated on the possession of so excellent a Lecturer.

It is one of the few books on Surgical Nursing which will be of use to post-graduate nurses. The author states that "modern nursing has passed beyond the stage of passive obedience." A nurse must thoroughly understand before she can *efficiently* obey, which is a broader-minded view than usually inspires the writers of nursing manuals. There is a wide catholicity in the choice of subjects, the diagrams are excellent, and we can conscientiously recommend it as the best book on surgical nursing we have been privileged to review.

*Devices and Desires.* By P. Habberton Lulham. Third Edition. (Brimley, Johnson & Ince.) 3s. 6d. net.

It is not often that a book of poems reaches its third edition in a year, and accordingly we heartily congratulate Dr. Lulham, in whose success we take especial interest, as it is the success of an old Guy's man. We can but repeat what we said in a former review, and heartily recommend the volume to all readers of the GAZETTE.

# Christmas Week.

## The Niggers.

The general atmosphere of "nerves" that prevailed in the College, when the long-prepared-for Christmas morning arrived, augured well for the success of the troupe on their prospective tour round the wards. Everything was doubtful; no one was considered a safe customer, the harassed manager foresaw many pitfalls—the laps of the gods were indeed full. Faces were blacked, therefore, in grim earnest, and the chosen band moved out into the park prepared to do their utmost.

Here, when the photographers were satiated to the full, Tite marshalled both man and beast into the prearranged formation, and Ruth having been entered with due pomp and circumstance, it fell to Mr. Alcock to tee-off, which he did in his best style. The first few wards were hard work—neither the troupe nor the audience were sufficiently warmed up for things to really go, and the old niggers shook their heads and predicted disaster. Where were the funny men? Would James never arrive? Bright pulled the troupe together, Wyatt and Chapple's duet got right home, and so did the refreshments, and when the troupe had entered Esther with some conviction, and the long-looked-for James slouched in at last, he was greeted with shouts of welcome. From that moment things began to hum. Endean's magnificent voice came as a surprise to everyone—it was as great a pleasure to the troupe as it was to the audience—and yet it was merely due to Milsom's happy inspiration at the eleventh hour that one of the best singers in the hospital was asked to lend us his aid. The reception in Out-patients' was, if possible, more enthusiastic than usual, the beautifully decorated haven of rest, where more refreshments were provided, was a very welcome refuge for a quarter of an hour. We may be wrong, but isn't it a new idea to sing a chorus to the kids? The choice of "Angeline" was that of a master-mind—*they* knew it and swelled the strain in the best Boro' fashion. Clinical was reached at last. Another landmark! The trouble there was, as usual, that the audience were too near. Quite unavoidable, of course; and it didn't really matter. Chapple's song was the feature in Miriam. He is another find; he has a beautiful voice, and knows how to use it; the Oriental effects with the drum and bones in the chorus of "My Little Jungle Queen" were quite good, and Sheaf and his carefully-trained bear (Chisolm) danced as only jungle people can. All this time, Morton Palmer, as Massa Johnson, was doing his work in the best style; his regard for detail too often exposed the nakedness of the joke; but then its very nakedness seemed to amuse, and, of course, the niggers all howled. After another short respite in Clinical, the Surgical Buildings were next attacked, and here, as of old, things went as well as any one could wish. O. V. got home in Patience with his topical verse of "Varmer Giles," and the white-eyed Bard scored again in Dorcas. Sammy was quite pathetic over his little yellow bird in Charity—quite a good song, and the chorus goes well. H. D. Wyatt, as a cavalier, should have known nothing about Dixie, but as his face was blacked, and he was in good voice, Naaman was delighted to hear him. And so on to the end of the chapter. O. V. and the Long 'un made a hit every time over the Twin Duet. Endean's "Clinking Toast" in Cornelius was a splendid effort after a long day's work (it's a good thing he didn't know the nigger choruses too well). Astley Cooper saw the final spurt. Edridge's remarks on "Love" once more fluttered the dovecots; they were not meant to be personal, but there was many a guilty blush from those to whom his advice came too late. "Good Night" completed the programme.

Perhaps, on the whole, the costumes were not quite up to the average. The bear was a very hot effort, of course, and one or two individual costumes showed considerable originality—but we should have thought more might have been done in the way of disguises. The choruses went well, and Ticehurst is to be congratulated on the slickness of the show—the hitches were commendably few and not at all noticeable. Crofts was a valuable help at the piano, always more than one man's work. It is as impossible as it is undesirable to single out each individual for some special comment; the old hands are well known to all, and their excellences have been long recognised, but we should like to congratulate Guy's on having acquired two new singers of such quality as Messrs. Chapple and Endean. We hope they won't be worked to death this Christmas. With this pious wish we close. The niggers have come and gone, and the general impression is that they were as good as ever.

## Out-Patients' Tea.

On Christmas Day the Out-Patient Department, decorated with flags and trophies, was filled to overflowing by 600 expectant children. The boys were marshalled at one end of the building, the girls at the other. At 1 p.m. the representatives of law and order—eight policemen, headed by a stalwart sergeant—arrived, and at 1.45 the floodgates were opened and the children rushed in. At 2 p.m. grace was sung, and tea started. Tea over, the space was cleared for the arrival of the Niggers, the interval being filled in by the children singing their own particular favourite songs. The Niggers arrived at 3 o'clock, and were received with tumultuous joy. An hour's entertainment with the Kinematograph followed, one screen for the boys at one end, one for the girls at the other. Finally the presents from the trees were distributed, and the last guest departed at 5.20, each child bearing a garment and a bag containing tea, sugar, sweets, an apple and an orange.

We have to express our heartiest thanks to the following ladies and gentlemen for their help:—

DONORS TO OUT-PATIENTS' CHRISTMAS TEA.

Mr. Hambro, Christmas trees; Mr. Lafone, 400 packets of tea; Messrs. Southwell, 500 packets of sweets; Messrs. Huntley & Palmer, barrel of biscuits.

Donors of Dolls, Toys, Etc.

Mrs. and Miss Wise, Mrs. Crampton, Mr. L. U. Ransford, Mr. Layton, Miss Constance Blake, Mrs. Sicklemore, Mrs. Palmer, Mr., Mrs. and Miss Stearn, Miss Wickham, Mr. R. J. Wickham, Miss Evelyn Turner, Mrs. Berkeley Halle, Mr. A. C. Dickson, Miss Waldron, Mrs. Malleson, Miss Ida Rolls, The Misses Thomas, Mr. Mollison, Mrs. H. A. Brown, Mrs. Harry Pillin, Mrs. and Miss Carter, Mrs. Landon, Mrs. William Green, Miss Carpmael, Miss Ransford, Mrs. and Miss Manning, Miss Spalding, Miss Hucklebridge, Miss A. Mackenzie, The Misses Lyell, Miss Blackburn, Miss Mollison, Miss Ellis, Miss Grace Morrah, Sister Clinical, Sister Alice, Sister Queen, Sister Lydia, Sister Rebecca, Nurse Stone, Nurse West, Miss Rose, Mr. W. N. May, Mr. Davies-Colley, Mr. Macalister, Miss Evans and the Hostel Maids, Sister Frances and the Ward Maids, and many others.

## The Residents' Theatricals.

The annual Christmas theatricals took place on Tuesday, Wednesday and Thursday last, in the Court Room. On each occasion there was a good and representative audience, including several of the staff and many outside friends.

The programme which the Residents presented this year was more ambitious than ordinarily, for it included at least one piece which demanded very close attention and a considerable amount of skill on the part of the actors, and it is worthy, therefore, to be given in full.

PROGRAMME.

"THE INTIMATE STRANGER."

By Norman Oliver.

(The idea upon which this play is founded is taken from one of R. L. Stevenson's Short Stories.)

| | |
|---|---|
| Constein (a Jew) | E. C. Hughes. |
| Hentschel | R. Edridge. |
| A Stranger | E. W. Sheaf. |

Scene—The Jew's Sitting-room.
Time—Christmas Day, 1805.

"THE CONVERSION OF NAT STURGE."

By Malcolm Watson.

| | |
|---|---|
| The Bishop of Minterweir | C. H. Rippmann. |
| Nat Sturge (a Burglar) | R. Edridge. |
| Raddles (his Apprentice) | O. V. Payne. |
| Julia (the Bishop's Daughter) | G. W. Dryland. |

Scene—The Bishop's Study. Time—The Present.

"THE FATAL DRUG,"

OR,

"IT IS SO IMPORTANT."

By Ray Edridge and H. Charles Cameron.

| | |
|---|---|
| Sir Mucus Membryn, M.A., M.D., F.R.C.P. | R. Edridge. |
| Mr. Sidey (his H.P.) | E. C. Hughes. |
| Bowser (a Ward Clerk) | J. H. Clatworthy. |
| Rowser (a Ward Clerk) | S. M. Wells. |
| Mugg (a Ward Clerk) | A. Leeming. |
| Adolphus Swigg (in No. 13 bed) | O. V. Payne. |
| Albert Arthur (in cot A) | F. T. H. Wood. |
| Sister Adam | G. A. Ticehurst. |
| Nurse Fuss | G. W. Dryland. |
| Pro. 1 | M. G. Louisson. |
| Pro. 2 | E. Wragg. |
| A Superintendent | C. H. Rippmann. |
| Wilfrid (a Bathman) | F. W. Morton Palmer. |
| A Dog | A. M. Webber. |
| Spirit of Lighter Vein | E. W. Sheaf. |

Scene—Adam Ward. Time—Christmas, 1905.

The orchestra on Tuesday was under the direction of Miss Searle, and on Wednesday and Thursday under the direction of Mr. Philip Watt. The incidental music by Mr. G. A. Ticehurst.

"The Intimate Stranger," Mr. Oliver's introductory piece, is essentially a character study, and as such demanded a high standard of interpretation. It is the story of a man, one Hentschel, a type of the fast young man of the beginning of the last century, who has fallen into the clutches of a Jew money-lender named Constein, with whom he has pledged, from time to time, articles of value which were probably abstracted from a relative's cabinet.

It is Christmas day, or rather Christmas night, for the lamps are lit on the Jew's table, and the shutters are up in his counting-house, where Constein sits balancing his books to the accompaniment of a muttered monologue, which in a measure gives an insight into the money-lender's character. Hentschel, once more in the depths of debt, enters, and requests a further loan. His prospects are fair; there is a chance of a wealthy marriage; there is hope of a speedy rehabilitation. In curt language, which has in it a tinge of contempt, he sets out his object and pleads for an advance, only to be met by Constein with the remark that the Jew money-lender's charity is exhausted, and that to lend without security is fool's play in which the Israelite takes no share or part. There is an interval of dialogue, well sustained and interesting, where Hentschel argues and urges, and Constein rejects, sneers and moralises. On the Jew's table lies a jewelled dagger, a former pledge of the borrower, and in an access of passion and rage, Hentschel takes this up and conceals it about him till Constein turns, when he attacks the money-lender and stabs him from behind. A moment's horror and wavering, and then the sense of his danger and the fact that he must have money rushes on the murderer, and he leaps towards the iron chest in which Constein keeps his gold, only to find that it is securely padlocked. While he is fumbling at the locks he is aware of someone approaching, and looking up sees the door opening quietly, and the tall smiling face of a man in black looking at him. The stranger enters and addresses him by name, displaying an intimate knowledge of what has happened and how it happened, in a manner that absolutely astounds the

murderer. Gradually the stranger leads up to a proposition; he is the devil, and would help Hentschel—for a consideration. There is the gold and the dead Jew, and the maid will come up presently. There is also the bloodstained dagger and the soil of one sin on Hentschel's soul. Why not make matters certain by murdering the maid? A second time it will come easier. Hentschel, after a struggle, in which greed, fear and good nature strive for the mastery, refuses the offer, and the curtain falls on him calling to the maid to send for the watch, and arrest him as her master's murderer.

It is not Mr. Oliver's fault that the piece is not so forcible and vivid as it might be. The underlying idea on which it pivots—the essential antagonism of innate human goodness with those adventitious disturbances which culminate in things evil—is too subtle to be worked out adequately within the limits which he allowed himself. It demands for its proper development a gradation of emotion and tone, an approach to the climax, not suddenly and explosively, but with gradual and even progression, in which the steps follow logically and naturally. These can only be obtained by the sacrifice of brevity and by the vigorous treatment of detail. A play which is fundamentally one of character exacts a high level of ability in the actors. Mr. R. Edridge, as Hentschel, was natural and real, restrained in the passionate parts, and excellent in the modulation and inflexion of his voice in the dialogue. Mr. Hughes, as the money-lender Constein, forgot his rôle at times, and made less of the character than it deserved, while Mr. Sheaf's "Stranger" failed to impress one as it should have done. It is, of course, only fair to admit that the piece was acted under difficulties. The Court Room stage is far too small for the effective display of such a scene, and this limitation rendered the lack of depth and wideness in an otherwise excellently staged scene very obvious. Taken with these considerations, "The Intimate Stranger" reflects great credit on its author, who has handled a difficult subject with commendable restraint, and given one of his characters at least some really excellent language to speak.

"The Conversion of Nat Sturge" belongs to an entirely different class. It is purely humorous, and the humour is so broad and rough at times that the piece degenerates frankly into farce. Briefly put, Nat Sturge, a burglar, enters the Bishop of Minterweir's library with intent to commit a felony, and while engaged in exploring the Bishop's safe, is surprised by that dignitary himself, wearing a dressing gown and a genial grin. There is an interchange of facetious remarks, and the usual byplay which obtains on such occasions, and finally the Bishop offers Nat the choice of seven years or to be reformed by his daughter Julia, who has a taste for reformation and an outward appearance that shocks even the burglar. Nat declines the daughter, preferring the seven years' hard, and the Bishop allows him to go, on the assumption that the brief interview with Julia has been punishment enough for his crime. Mr. Rippmann, as the Bishop, has possibilities. He has a face which is specially adapted for such parts as the Bishop, and he acted with both energy and restraint. He does not know what to do with his hands. Mr. Edridge, as the burglar Nat, again scored by the really clever modulation of voice, but showed less restraint than in his previous character. Messrs. Dryland and Payne, as Julia and the burglar's apprentice respectively, had little to do, but did their shares well.

The farce at the end gave opportunities for really good work by several of the players. A spirited prologue was declaimed by Mr. E. Sheaf, dressed in motley and bells as the Spirit of Lighter Vein, and this was followed by a ward scene, the rise of the curtain discovering Adolphus Swigg, a confirmed drunk, who has been admitted for persistent hiccups into No. 13 bed of Adam ward, and Albert Arthur, who occupies Cot A. Presently enters Mugg, a very green ward clerk, who takes Swigg's opsonic index and tests his knee-jerks, which are slightly exaggerated in a farcical way of course. Then we are introduced to the nurse and two probationers, and presently to the new sister. All these characters were well played. Mr. Leeming, as Mugg the ward clerk, was remarkably clever, while Mr. Payne, as No. 13, had too little to do to display his histrionic ability to the full. His ankle clonus needs a word of praise, however, just as Mr. Wood, as the baby, deserves mention for doing nothing in a masterly way. Mr. Ticehurst, as the sister, was impressive and incisive, and did his (or her) little part to perfection, while Mr. Dryland, as Nurse Fuss, might have justified his character a little more. Later, we are introduced to the firm of Sir Mucas Membryn, Mr. Edridge, who has evidently made a personal study of Dr. Beddard, playing Sir Mucas in a touching and sympathetic fashion. He seemed at his best, and threw himself well into the part. The two probationers were well played by Messrs. Louisson and Wragg, the former especially adapting himself to his part. Mr. Hughes was Sidey, the H.-P. to the life, and managed the telephone business skilfully. When the curtain rose again on the same ward, it showed the firm in quite another mood. Sir Mucas has induced them to taste metamorphin, a new drug, and the effects of the trial have been a radical change in the ward. The firm sings an appropriate song (for the music of which Mr. G. Ticehurst was responsible), and carry on in the ward and in the park in a fashion that calls for the interference of the Superintendent. The Superintendent, attended by Bunch, comes on the scene and meets the Spirit of Lighter Vein, who explains matters and commits suicide by drinking metamorphin. As the dog, Mr. Webber had little to do, but his pantomime was really effective. Mr. Rippmann, cleverly made up, acted well as Sir Super, but the final scene with the Spirit of Lighter Vein was the poorest of the piece. Mr. Sheaf as the Spirit of Lighter Vein was good throughout. One great fault, in which most of the actors participated, lay in the fact that when one character spoke, the others immediately forgot their rôles and places, and listened to him or her. With this exception, which spoiled the effectiveness of some of the scenes, the grouping was on

the whole excellent, while the stage management was in every way admirable. To Mr. Oliver, the Residents owe a deep debt of gratitude.

In conclusion, a word of praise must be accorded the orchestra (in charge on Wednesday night of Mr. Philip Watt), as well as to Mr. Phillips, who designed an attractive and artistic programme, and to Mr. Ticehurst, who was responsible for the incidental music.

## Dorcas Concert.

The Dorcas Concert was held on Wednesday afternoon from 5 o'clock until 7, and for all that time the ward was crowded. Mr. and Mrs. Lane, Sir Cooper and Lady Perry and the Matron were all present. The concert was opened by an admirably-played pianoforte solo by Nurse Taylor, who, moreover, accompanied the majority of the singers during the evening, with her usual skill and taste. Two new comers to the hospital, whose arrival should bring comfort to the hearts of the Choral Society, sang with great effect. Messrs. Chapple and Endean are the possessors of voices quite out of the ordinary. They were accompanied by Mr. Crofts, who also played a pianoforte solo. Comic songs were contributed by Messrs. Palmer, Alcock and Payne, and were much appreciated. Miss Adelaide Rind and Miss Child gave two charming duets; they were also kind enough to sing a solo each. Miss Florence Shee's rendering of Tosti's "Good-bye" was much appreciated. Miss Wyatt, the possessor of a sweet voice, greatly charmed the audience. Of instrumental playing, the flautist, Miss Elsie Wild, had an enthusiastic reception, and favoured the audience with an encore. Miss Halder played twice on the violin with great taste. Mr. Dawson gave two humorous recitations, his first one, variations on "Jack and Jill," causing great amusement. Mr. Wyatt and Mr. Chapple sang a very tasteful duet. In conclusion, Sister Dorcas is to be congratulated on a very successful concert.

## Job Concert.

This concert took place on Thursday afternoon at four o'clock. The ward was decorated on quite an original plan, and the quasi-military effect produced a pleasing contrast with the holly and ivy decorations in the other wards.

As hors d'œuvres there was a pianoforte solo, admirably performed.

Then came an old friend, "Long ago in Alcala," admirably rendered by Mr. Bouquet.

An instrumental trio by Mr., Mrs. & Miss Ford, and a vocal duet by Miss Barrett and Miss Flower, followed, both items seeming all too short.

"The Three Ages," a little known song out of "Utopia," was charmingly rendered by Mr. Alcock; Miss Marjorie Taylor was heard to great advantage in "A Beautiful Morn is Breaking."

Miss Leon's 'cello solo was undoubtedly the finest item on the programme. For instrumental music, there is probably no worse place than a ward, particularly a decorated ward. Yet, in spite of this, we have never heard the 'cello better played.

After the 'cello solo, Mr. Shattock gave a fine rendering of "Peg Away," and Miss Jones sang "Angus MacDonald" in a way that went straight to the hearts of all true Celts.

Miss Edmunds brought down the house with one of Anstey's inimitable sketches, and was followed by Mr. Palmer, who was, of course, heartily welcomed.

The first half of the concert ended with a song by Miss Flower.

After the tea interval, the instrumental trio again delighted us. Mr. Chapple sang, "I and my girl," charmingly. Miss Carter gave us an old favourite, "Love the Pedlar," and was enthusiastically received. Miss Edmunds recited two pieces, one grave, one gay, and showed remarkable versatility. Her serious recitation thrilled the audience—a rare feat. Miss Taylor sang two short songs with admirable expression, and Mr. Shattock gave a vigorous rendering of "Chorus, Gentlemen."

Miss Leon again played the 'cello, and the audience could not be denied an encore.

Miss Davies gave a delightful little song in a captivating style, and Miss Carter sang a second song, "God's Garden."

Then, after a vocal duet by Miss Barrett and Miss Flower, the National Anthem brought a splendid concert to a close. By way of summing up, we may say that Job Ward fully lived up to its reputation.

## Ruth Concert.

Mr. Corbett-Smith opened with some fine selections, and to him, in a great measure, is due its success; he not only recited, but indefatigably accompanied most of the artistes. The old stars were warmly welcomed, amongst whom may be mentioned Messrs. Payne and Palmer. Of the new men Mr. Chapple was applauded most vigorously. Mr. Capper's whistling and stories were excellent, and the two Nurses sang with great taste. Mr. Endean gave as an encore, "The Maori War Cry," which was most realistic. The hall and tearoom were tastefully decorated. Programme:—

1. Overture - - - - - - - —
   Mr. Corbett-Smith.
2. Song - - - - "Créole Cradle Song."
   Nurse Birch.
3. Whistling - - (*a*) "Poor Wandering One."
   (*b*) "Il Bacio."
   Mr. Alfred Capper.
4. Comic Song - - "Man with the Single Hair."
   "A Nice Quiet Day."
   Mr. B. H. Palmer.
5. Recitation - "The Ballad of the Camperdown."
   (Rudyard Kipling).
   Mr. Corbett Smith.

6. Song - - - - "The Mighty Deep."
"Maori War Cry."
Mr. Endean.
7. Song - - - - "Long ago in Alcala."
Mr. Tolhurst.

Interval.

1. Song - - - - - - "Varmer Giles."
"Widdicombe Fair."
Mr. Payne.
2. Yarns - - - - - - - - —
Mr. Alfred Capper.
3. Song - - - - - - "May Morning."
Nurse Gregory.
4. Song - - - - - "Elizabethan Lyrics."
Mr. Hirons.
5. Recitation "A Cane-bottomed Chair" (Thackeray.)
"Invisibility." (L. S. Gibert.)
Mr. Corbett-Smith.
6. Song - - - - - "A little Irish Girl."
"The Devout Lover."
Mr. Chapple.
7. Recitation - - - "Goblin Haunted Girl."
Nurse Birch.
8. Song - - - - - "Glorious Devon."
Mr. Hirons.
9. Recitation - "The Ostler's Story" (Conan Doyle.)
Mr. Corbett-Smith.

"God Save the King."

# Metropolitan Asylums Board.

INSTRUCTION IN FEVERS.

January Class, 1906.

A Course of Instruction (Three Months) in the Diagnosis and Treatment of Fevers will be held at each of the undermentioned Hospitals on the days and at the times stated below.

*Eastern Hospital*, The Grove, Homerton, N.E.—E. W. Goodall, M.D., Medical Superintendent. Tuesday and Thursday at 2 p.m., beginning 9th January.

*North-Eastern Hospital*, St. Ann's Road, Tottenham, N.—H. E. Cuff, M.D., Medical Superintendent. Monday and Thursday at 2.15 p.m. Beginning 4th January.

*North-Western Hospital*, Lawn Road, Hampstead, N.W.—F. N. Hume, M.R.C.S., L.R.C.P., Medical Superintendent. Tuesday and Friday at 2.15 p.m., beginning 9th January.

*Western Hospital*, Seagrave Road, Fulham, S.W.—R. M. Bruce, M.R.C.S., Medical Superintendent. Tuesday and Friday at 2 p.m., beginning 9th January.

**South-Western Hospital*, Landor Road, Stockwell, S.W.—F. Foord Caiger, M.D., Medical Superintendent. Tuesday and Friday at 2 p.m., beginning 9th January.

*Fountain Hospital*, Tooting Grove, Tooting Graveney, S.W.—F. H. Thomson, M.B., Medical Superintendent. Monday and Thursday at 2.15 p.m., Beginning 8th January.

*Grove Hospital*, Tooting Grove, Tooting Graveney, S.W.—J. E. Beggs, M.D., Medical Superintendent. Monday and Thursday at 2.15 p.m.. beginning 8th January.

*Park Hospital*, Hither Green, S.E.—R. A. Birdwood, M.D, Medical Superintendent. Tuesday and Friday at 2 p.m., beginning 2nd January.

*Brook Hospital*, Shooters Hill, Woolwich.—J. Mac Combie, M.D., Medical Superintendent. Monday and Friday at 1.50 p.m., beginning 5th January.

By Order,
T. DUNCOMBE MANN,
*December*, 1905. *Clerk to the Board.*

* The class at this hospital is already full.

# Correspondence.

*To the Editor of* Guy's Hospital Gazette.

## Tooth Brushes in the Wards.

Dear Sir,—May we, through the medium of your valuable columns, draw attention to a fact—the absence of the tooth brush as a constant quantity in the wards, medical and surgical? Whereby we trust that by giving publicity to this deplorable fact, the obvious remedy will shortly be forthcoming.

During the last six months in which we have been called into the wards to examine and operate upon the mouths of patients, the septic condition of the mouths and teeth have been very evident!

For the factors which promote caries have unhindered sway and work in ideal surroundings in the wards, viz.—

i. The patients being ill do not use their masticatory muscles energetically and actively, thereby allowing food to collect around the teeth.

ii. The diet is often of a soft nature perforce—easily clinging to the teeth, and not demanding masticatory activity.

iii. The oral secretions may be abnormal.

iv. The patient's resistance generally is lowered.

Mouth washes, which are used pretty generally, we believe, in the wards, are but little value alone, whilst in conjunction with the tooth brush form valuable prophylactics.

Surely, in the treatment of all disease, that the portal of the alimentary canal be healthy is a desideratum, especially in dyspepsia, gastric ulcer, chlorosis, and pernicious anæmia.

So we look forward to the day when all patients shall either provide themselves, or be provided in the wards, with the tooth brushes, with directions to be used morning and night.—We remain, very truly yours,

A. ALAN FORTY.
J. BRAMLEY BALL.

The Dental Department, Guy's Hospital.

# Sport.

## Rugby Football.

GUY'S v. U.C.S. OLD BOYS.

Played at Honor Oak Park on Saturday, December 16th, before a small gathering of spectators.

U.C.S. kicked off from the Pavilion end, and immediately rushed the ball into our twenty-five, and kept us on the defensive for the first ten minutes. Guy's were playing seven in the scrum, C. E. M. Jones having a roving commission. Guy's managed to keep them out, and J. P. Jones relieved with a good kick into touch at half-way; from this point Guy's had the better of the first half, and, from a good opening on the blind side by J. P. Jones, Alcock scored far out on the left; Saunders failed to convert. Guy's now put more energy into their play, and Stringer scored from a pass by Digby; Saunders again failed to add the extra points. Soon after the whistle was blown for half-time—Guy's, 2 tries; U.C.S., nil.

In the first part of the second half, the Old Boys were fairly all over the Hospital, and could have hardly failed to score, but many good chances were thrown away by bad passing. But Guy's put up an excellent defence, Alcock being especially prominent. Eventually Guy's came away with a fine forward rush, taking the ball into their opponents twenty-five. A series of scrums followed, McEvedy and C. E. M. Jones, who was now back in the scrum, both nearly got over; soon after Stringer scored, after a good passing rush; McEvedy easily converted. From the kick-out Guy's again pressed, but, from a bad pass, one of their men got clean away, was well tackled by Gibson, but managed by a wild pass to give it to one of his men, who scored wide out; the extra points were not added. Soon after time was given, Guy's pressing. Scores:—Guy's, 1 goal, 2 tries; U.C.S., 1 try. Team:—

GUY'S.—H. G. Gibson (back); F. Alcock, P. F. McEvedy, W. E. Digby and L. B. Stringer (three-quarter backs); J. P. Jones and P. Hunot (half-backs); S. McK. Saunders, H. R. Mullins, W. G. Pinching, W. E. Williams, A. Alcock, C. E. M. Jones, L. Milton and G. R. Hind (forwards).

REMARKS.—Gibson played well, his tackling and kicking were quite good, but he wants to make sure of finding touch. Of the three-quarters, Alcock was by far the best, McEvedy was rather too selfish, and Stringer is still inclined to run for the touch-line instead of straight. The halves were both good; Hunot seems rather too light. The forwards all played well, the packing was bad in the first half, but improved later. C. E. M. Jones seemed completely lost at wing forward. The whole team could do with more training.

# Appointments.

### Civil.

BENT, P. C. V., M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon at the Evelina Hospital for Sick Children, S.E.

HANDLEY, W. S., M.S., M.D. Lond., F.R.C.S. Eng., has been appointed Assistant Surgeon to the Middlesex Hospital, W.

### Naval and Military.

Surgeon J. W. BIRD, R.N., has been allowed to withdraw from His Majesty's Naval Service with a gratuity.

Captain C. M. FLEURY, R.A.M.C., is promoted to be Major.

Colonel J. S. WILKINS, D.S.O., Indian Medical Service, has retired from the Service. He joined the department as Assistant-Surgeon, March 31st, 1874, and became Colonel, October, 1900. He served in the Afghan War in 1880, including the march from Quetta to the relief of Kandahar (medal), with the Burmese Expedition in 1886–7 (mentioned in despatches, medal with two clasps), and in the South African War in 1902 (Queen's medal with three clasps).

Surgeon-Captain E. H. TIPPER, 1st City of London Royal Garrison Artillery Volunteers, to be Surgeon-Captain.

New South Wales Contingent, 6th Imperial Bushmen. The undermentioned officer was granted temporary rank in the Army while serving in South Africa: Lieutenant G. L. L. LAWSON, Medical Officer (dated April 18th, 1900).

# From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

### Birth.

STAMM.—On December 22nd, at 18, High Road, Streatham, to Dr. and Mrs. Louis Stamm, a son.

### Marriage.

BAINBRIDGE—SMITH.—On December 13th, at the South Croydon Wesleyan Church, by Rev. C. M. Mees, B.A., assisted by Rev. Walter Hawkins and Rev. W. R. Dent, Francis Arthur Bainbridge, M.A., M.D., D.Sc., M.R.C.P., son of R. R. Bainbridge, Esq., of Stockton-on-Tees, to Hilda Winifred, daughter of Rev. Edward Thornton Smith, Wesleyan Minister.

EDS.—F. W. M. P., H. C. C.